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By

LESLIE ROBINSON

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH IN
PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF DESIGN

IN

VISUAL COMMUNICATION DESIGN
DEPARTMENT OF ART AND DESIGN

EDMONTON, ALBERTA

FALL 2009

THE UNIVERSITY OF ALBERTA
FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled:

Designing Public Health Messages for Youth, by Youth

Submitted by Leslie Robinson in partial fulfillment of the requirements for the degree of Master of Design.

THE UNIVERSITY OF ALBERTA

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YOUTH

DEGREE FOR WHICH THESIS WAS GRANTED: MASTER OF DESIGN

YEAR THIS DEGREE WAS GRANTED: 2009

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Designing Public Health Messages for Youth, by Youth

Leslie Robinson

Master of Design Thesis Project

Visual Communication Design

Department of Art + Design

University of Alberta

Fall, 2009



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ABSTRACT

This research explores the impact of active participation in the design process for public health messages as a catalyst for community-building and youth empowerment. This is demonstrated through case studies whereby participants from four different youth groups took part in design workshops to identify and respond to critical public health issues. Through the nourishment of creative expression in an active learning process participants were equipped with knowledge and confidence, inspiring collective design responses. Collaborations among youth groups and with local artists informed the concepts for health messages and helped to build community. Designs were tested and refined through peer-to-peer communication and final messages were approved by public health professionals before being reproduced as large-scale outdoor paintings by the participants and local artists. Paintings were shown to appeal to and resonate among fellow youth audiences. A more sustainable impact, however, was shown as messages and processes became embodied within the participants and artists themselves, as they were empowered to become ongoing agents of change. Initial guidelines and considerations for youth-to-youth communication and sensitization were developed.

Dedication

To all the Ugandan youth who opened up their hearts and their minds to design with me.

ACKNOWLEDGEMENTS

I thank the following people, all of whom contributed, in their own way, to this project:

My supervisor Bonnie Sadler Takach, my mentor and idol

Dr. Lory Laing, for her openness, support and enthusiasm

Dr. Joseph Konde-Lule for his hospitality, encouragement and research insights

My research assistants Sara Mutesi and Isabel Byanjeru for their commitment, hard work and support

Joseph Raymond Nsereko, for introducing me to his students and helping to facilitate workshops with them

Anne Musisi for volunteering to help with the project in Namuwongo

My Mom whose dedication and support brought her all the way to Uganda

I thank the following groups and their respective members for their contributions:

MUWRP Kayunga Youth Center Staff

Likicho Halimah, Michael Kaddu, Jackson Kakwangire, Patrick Kalibala, Ali Kalumba, Jim Kikoba, Joseph Kizito, Moses Kyebagada, Alisat Mugoya, Catherine Mashakalugo, Ruth Nakafeero, Andrew Nsamba and Henry Nsobya

TASO AIDS Challenge Youth Club (ACYC) Mulago

Lincoln Bukenya S., Joseph Kabanda, Anthony Kaddu, Vincent Kagwa, Claire Pafrine Kogere, Sulaiman Hajji Mukomazi, Aidah Nalubowa, Maria Nalwadda, Susan Namale, Mary Namubiru, Ritah Namwiza, Rhoda Nassuna, Ashiraf Seruwagi, Mustafa Ssewada and Job Turyasingura

Art 4 Social Change group

Olivia Abimanyi, Dickson Birakwate, Alex JJagwe, Michael Richard Katagaya, Florence Kyokoshaba, Enoch Magala, Leon Sebanyiga, Godfreys Jackson Ssebuuma, Jackson Tumwebaze and Cissy Wakooli

Namuwongo Youth Group

David Masaba, Ronald Moyi, Brian Denis Musisi, Peter Nsubuga, Maron Odoi, Brian Oketch, Richard Budeyo, Richard Sebazino and James Sekabuza

Margaret Trowell School of Industrial & Fine Arts students

Chrisogon Atukwasize, Alfred Isabirye, Kizito Mbuga, Isaac Mugabi, Erik Mwandha, Charity Priscilla Namiyonga, Andrew Jackson Obol, Rolands Tibirusy, Paul Ngata Wachira and students from lettering IFA 1222

The Health Communication Partnership (HCP)

Makerere University Walter Reed Project (MUWRP)

In particular Mark Breda and Moses Isabirye

The AIDS Support Organization (TASO)

In particular Emmy Ewui, Rebecca Musoke and Tina Achilla

The Uganda Ministry of Health

In particular Dr. Paul Kagwa

Break-Dance Project Uganda

With a special thanks to Abramz Tekya and Abdul Muyingo

Exploring
design question
and approaches

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PERSONAL STATEMENT

My 'African experience'

I have a deep affinity for Africa. It fascinates and inspires me, always pulling me back. In all its diversity, however, Africa should not be generalized. So when I write of Africa, I always refer to 'my African experience.' The experience began in 2005 when I volunteered as an art teacher in Senegal. Marked by this first encounter, I was inspired to obtain a certificate in International Cooperation from the *Centre de formation à la coopération interculturelle* in Rivière-du-Loop, Québec to return to Africa to work as a designer and instructor in Mali. What struck me most in these first African experiences were the strengths of the people: their solidarity, resilience and *joie de vivre*.

While living in Africa I recognized first-hand the urgent need for effective and culturally appropriate visual communication strategies. At the same time, however, as I observed and exchanged with the locals, I learned from their knowledge, artistic traditions and most significantly, from their community-centered ways of life. My understanding of community evolved and I began to see the promise of weaving community with design.

When I began my Master's degree in 2007 I aspired to empower communities to participate in the creation of visual strategies that have the potential to inspire positive social change. I came to focus on health through an opportunity to conduct research in Uganda in connection with the Department of Health Sciences, School of Public Health, University of Alberta. Once my project logistics were in place, I began to work with four different youth groups and soon thereafter a number of youth artists. Suddenly my project became 'our project' with over 60 youth on board. Together, over four months and through over 40 workshops, we identified and explored the public health issues of greatest concern to the youths themselves. In doing so we created a community of youth designing for youth.

This project was underpinned by my own belief that the design process itself can be an effective means of community empowerment, in particular, when paired with an appreciation of local points of view, especially those of the young people themselves. Participants of this project shared with me their knowledge, personal stories, innovative ideas and a remarkable sense of enthusiasm—they empowered me. I, myself, have learned to be more resourceful, or to ‘hustle,’ as they say in Uganda. I now have more ‘guts’—I have gained more confidence in my own ability to collaborate with communities, gaining their respect and trust. Finally, I have been humbled by the all-too-often untapped potential of youth—especially those who are often labeled as ‘poor.’ Recently, I was in touch with members of the Namuwongo Youth Group, a group of young men with whom I had the privilege of working. Namuwongo is an area of Kampala that is known locally as the ‘rich man’s slums.’ The group, which was founded as a consequence of one of my workshops, was the driving force behind a recent community outreach event that resulted in over 400 youth getting tested for HIV. This achievement, although not my own, is perhaps the one that makes me most proud.

In appreciation of the invaluable contributions of my participants, to this project as well as my own learning, I have designed this report with an important emphasis on what the youths themselves have said in response to their experiences as a part of it. I did this in keeping with my own belief that they should be given a voice.

Figure 1

Mapping the project process

Ideas • Partnerships • Events • Data collection • Results •

This diagram is a visual overview of the project, tracing it back to past influences, then moving forward from its early conception to completion. Five phases, based on the geographical locations where they took place, are described through key ideas (green), partnerships (yellow), events (blue), data collection (black) and results (red). The final phase is represented by an arrow pointing back to the previous phases, indicating that through this phase data was analyzed and reflected upon.







Figure 2

Research phases

Phase 1 (Edmonton, Alberta)

Exploring design question and approaches,
establishing project logistics

Phase 2 (Uganda)

Identifying an area for a design intervention,
identifying potential partnerships and assessing
potential approaches to producing messages

Phase 3 (Edmonton, Alberta)

Data analysis and development of design
question to research question

Phase 4 (Uganda)

Implementing design intervention and
evaluation

Phase 5 (Edmonton, Alberta)

Analyzing data and reflecting on outcomes

INTRODUCTION

Summary

This thesis project explores the impact of active participation of community members in the process of designing public health messages, in particular for youth in resource-poor communities. Through the experiences and perspectives of youth participants, a participatory design process is shown—one that inspired collective responses to youth-identified public health issues and resulted in the reproduction of messages as large-scale outdoor paintings.

Approach

Participatory design is an approach that places the end-user at the core of the design process, privileging local points of view and facilitating outcomes that come from *within* the community. In this context, the designer acts as a facilitator, introducing design knowledge to members of the audience—participants—who in turn are invited to act as co-designers. Culturally appropriate and human-centered design solutions are achieved through active and open participation. The impact on the community, however, can go much deeper as knowledge and experiences are embodied in the participants themselves.

Project execution

This project was executed over five phases. An initial six-week trip to Uganda (*phase 2*) was made to identify an area for a design intervention, establish local partnerships and explore potential approaches to producing messages. Later in Uganda (*phase 4*), over a period of five months, the design intervention was implemented. *For a detailed description of the five project phases please refer to figure 2.*

Workshops

Members of four youth groups (about 50 participants in total) were invited to take part in workshops aimed at identifying the public health issues of highest relevance, exploring responses and finally designing messages directed at fellow youth. Emerging messages were assessed through a process that was both dialogic and didactic—through peer-to-peer communication and group critiques. Finally, participants selected the most effective messages through discussions and, in some cases, voting. Selected messages were reproduced as large-scale outdoor paintings. Topics included transactional love, cross-generational sex and HIV testing.

Data collection and analysis

Data was collected through discussions with community members and professionals, focus groups, questionnaires, audience interviews, notes (taken by research assistants), video and audio recordings of workshop activities and general observation. Frequency counts of quantitative data were compiled and analyzed and content analysis was performed on qualitative data. Project outcomes are presented in regards to project participants, artists and audience members.

Outcomes

After participating in the workshops, youth participants reported increased levels of self-confidence relative to their abilities to design messages, transfer their acquired public health knowledge and, in general, express themselves. Participants also reported increased feelings of self-worth, pride and accomplishment as well as the feeling of membership in a larger community and support system. They gained an increased awareness of public health issues as well as the realization that they are not alone in their personal struggles. Many of them now consider themselves to be peer leaders with a responsibility to make positive use of their acquired skills.

Artists gained practical design experience including learning to work collaboratively with project stakeholders. Most significantly, they gained the understanding that they can effectively apply their skills to address issues in public health, a field to which they had very little or no prior exposure.

Members of the audience found the paintings to be appealing and easy to understand. They perceived that they were created within the community and they felt that the messages have the potential to increase awareness or lead to behavioral change. Many shared stories about people they knew who were influenced by the messages, for example, to go for HIV testing, or to change their attitudes about certain sexual behaviors. They appreciated the messages and they expressed interest in taking part in similar projects.

Conclusion

This project has focused on a human-centered design approach that begins at the identification of public health problems by the participants themselves. Problems are explored through consensus-building and active participation, empowering participants to instigate a dialogue within their community. Attention is drawn to the potential of participatory design as a community-driven process—one that is humble enough to give way to the abilities, creativity and concerns of the participants, and patient enough to equip them with knowledge and confidence. Initial guidelines for youth-to-youth communication and sensitization are presented.

Model for a community-driven design process

Ideas • Partnerships • Events • Data collection • Results •

This diagram provides a visual overview of the project process synthesised into three stages. Each stage is further broken down into design activities. The result is not a step-by-step procedure, but rather a set of often co-existing components that together provide a workable model for a community-driven

design process.

Responses

Youth groups, public health professionals, community

Visual
Identifying
C
D

Identifying and adapting design approaches

Weaving of design and community

Re-interpreting new stakeholder roles

Designer, participants and 'other stakeholders'

Identification of an area for a design intervention

Public health issues among youth in resource-poor areas

Design question

Development of design question

Research question

From design question to research question

Identifying and selecting project participants

Youth groups in Uganda



BACKGROUND

Weaving of design and community

Graphic design

Graphic designers help to achieve communication goals via analysis and interpretation of client needs. They plan, structure and communicate information and ideas, appeal to emotions or facilitate orientation, by creating or combining images and text for distribution to specific publics. Efficiency and high esthetic standards are hallmarks of work by professional designers, who frequently act as consultants on design strategy. Consideration of the public good is a bonus.

—Walter Jungkind (2006)

Walter Jungkind is Professor Emeritus and a Fellow of the Society of Graphic Designers of Canada (GDC). The above definition of the graphic design profession was presented by Jungkind to the GDC at their general meeting in 2006 following a rigorous inquiry and report involving leading design theorists and practitioners. (Jungkind, 2006)

This project explores the belief that it is essential to take into account the public good.



Social design

Rethinking and reinterpreting design in ways that look beyond designer-client relations and their consequent connections (or disconnections) to consumers challenges the design profession status quo. There is, however, a preoccupation among a growing number of design theorists and researchers to challenge this outlook, repositioning design, placing the 'public good' as its core. This shift can be recognized within a number of related 'movements.' They operate through ideologies or approaches that include 'alternative design,' 'good design,' 'socially responsible design,' 'social design' and 'design for social change.' (Bonsiepe, 2006; Buchanan, 2001a; Forlizzi & Lebbon, 2002; Frascara, 2002; Margolin, 2007; Nieuwsma, 2004)

All of these terms point to design that can help to fulfill the fundamental needs of society. Design's potential is used to influence people's knowledge, attitudes and behaviors to help strengthen the human condition, in particular for people who are struggling in various political, social, economic, and cultural circumstances around the world.

Human-centered design

Human-centered design is fundamentally an affirmation of human dignity.

—Richard Buchanan (2001b, p. 37)

'Human-centered,' 'user-centered' and 'people-centered' all describe a design approach that is informed by the perspectives and preferences of end-users—those who are destined to interact with the designed communication. Once a user group is identified as the intended audience, its knowledge or experience is sought, either indirectly or directly, to inform the design solution. Accessing user expression helps to establish resonance and ultimately results in design solutions that reflect, to various extents, the needs and desires of the end-user. (Buchanan, 2001b, Frascara, 1997)

Participatory design

By implicating end-users—participants—in the design process, participatory design moves beyond simply consulting users, directly placing them at the core of the design process. In this context, the designer acts as a facilitator, introducing design knowledge to participants, who in turn are invited to act as co-designers. This approach facilitates the creation of visual messages for people, by people, privileging local circumstances and points of view. More ideology than method, participatory design is not a step-by-step procedure, but rather a set of guidelines that must be implemented intelligently and carefully, requiring a high level of responsiveness to contextual realities. (Carroll, 2006; Bennett et al, 2006; Nieusma, 2004; Sanders, 2002)

Toward community-driven design

When discussing participatory design, it is important to note that levels of participation vary and often in response to power relations between the community, designer and in some cases the supporting organization. The term ‘community-driven,’ is borrowed from the literature of community development and planning where it is often used to describe community-building trends that are grounded in the principle that communities should take responsibility and action in order to control their own futures. (Sanoff, 2000) By appropriating this term, ‘community-driven design’ describes participatory design that assures a high level of community activation—whereby change is instigated by the people.

Since participation is contextual, how it is played out varies in every situation. Levels of participation can range from ‘pseudo participation’ to ‘genuine participation.’ The former includes acts of informing and manipulation whereas the later is characterized by partnership and citizen empowerment. (Sanoff, 2000)

Achieving ‘genuine participation’ requires a balance of power that favors the community—one that demonstrates that they will see a benefit, an immediate return for their contribution. (Frascara, 2004a)

‘Community-driven design’ requires the “passing down of an active role” whereby participants come to own the design intervention, transforming themselves as agents of change. (Conversation with Jorge Frascara, November 5, 2007)

Re-interpreting new stakeholder roles

Designer as facilitator, participants as co-designers

Rethinking the design process to include the active participation of end-users requires a reinterpretation of the designer's role. Designers often rely on their own intuition and assumptions when designing for 'other' audiences. This practice can be misleading and even harmful, especially in cases where designers are striving to communicate messages that confront sensitive and often culture-specific issues that address fundamental human needs. Cultures are full of subtleties and designers should be careful not to make assumptions. They must position themselves to learn what the community embraces and respects. (Conversation with Jorge Frascara, October 27, 2007)

Designers need to discover ways of stepping outside of their own experience in order to search for insights into the lives of the community with whom they are designing. Frascara states that designers "need to transform self-expression into resourcefulness and inventiveness regarding the visual language in order to be able to speak the language of the public being addressed." (2002, p. 37)

By opening up the design process to the participants, the designer's role shifts. As facilitator, a designer's knowledge of a particular design approach is shared, transferring the role of design to participants. With guidance from the designer, participants express their own valuable viewpoints and knowledge, determining which ideas are realized, and potentially the forms through which they are presented. Designers can provide guidance, for example, by teaching image generation techniques such as painting or collaging, or conducting idea-generating exercises, such as brainstorming or mind-mapping. Such approaches help to encourage user expression and the flow of communication between the designer and the participants is multi-directional—designers also learn, informing their facilitation approaches. This open framework allows participants to take ownership of the problem, empowering them to actively and effectively take part in the solution. By learning some design techniques and by co-developing communications, such as posters or paintings, they are not only contributing to the message, they are embodying the processes and the information—becoming ongoing agents of change. (Bennett et al, 2006; Frascara, 2002)

Designer as problem identifier

Designers are often approached by industry to solve design problems by creating graphics, devices, systems and spaces, not always considering the social worth of their personal contributions. In order for designers to take on a more active and responsible role in society, “it is necessary to consider the discovery and definition of physical and cultural problems as an essential part of design.” (Frascara, 2002, p. 36) By thinking of the visual artifacts of design as only a “means for people to act, to realize their wishes and satisfy their needs” (p. 33), design can be repositioned to begin with deliberate problem identification, followed by intentional problem-solving.

The following is an example of a design project that began with the designer’s recognition of a social need.

Kate Wells’ Siyazama AIDS project in South Africa

The Siyazama project of the Zulu women of rural KwaZulu-Natal grew from a designer’s identification of a particular cultural and health problem. The initiative was led by Kate Wells from the Department of Design Studies at the Durban Institute of Technology. The objective was to foster the expression of concerns about HIV/AIDS by rural crafts women, empowering them to speak out about an epidemic threatening their own survival. Wells’ involvement began, however, as an intervention to improve the women’s beadwork techniques in order to improve their economic circumstances. In doing so, Wells became increasingly aware of the women’s confusion and ignorance about HIV/AIDS as well as the epidemic’s repercussions on the community. This led Wells to propose a series of workshops to which the women agreed. As the women started to learn about the disease they began to express their understandings and emotions through beadwork. Although the initial intervention to improve the quality of the beadwork was highly successful in its own right, the project soon expanded into an exploration of beadwork as a means to simultaneously cope and create awareness about what the women referred to as “Slim’s disease.” (Wells et al, 2004, p. 75)

The women used beadwork, which is rooted in their culture, passed down from generation to generation, to express their new knowledge of HIV/AIDS. As a result their designs became sexually explicit. As suggested by Wells, "the shift in beadwork design occurred spontaneously as a consequence of changing world-views occasioned by the information provided by the HIV/AIDS workers. In turn, the designs resulting from the knowledge of HIV/AIDS then changed the women's world-view, setting up a cycle of learning that transformed both their world-view and their designs." (Wells et al, 2004, p. 77)

This project exemplifies how capitalizing on community knowledge and traditions while transferring knowledge can lead to an appropriate design solution that is understood by people through representations of their own inherent and cultural language.

Designer as agent for change

When designer and viewer are actively involved in a shared dialogue, both become active participants in the creation and interpretation of the visual message. As a result, the designer is empowered, shifting from a decorator of messages to an agent who has influence on the social implications of delivering a visual dialogue.

—Jodi Forlizzi & Cherie Lebbon (2002, p. 4)

Participatory designers should be less concerned with form and instead focus on facilitating the flow of dialogue in order to inspire a “reaction.” (Conversation with Jorge Frascara, October 17, 2007) This is not to say that form is irrelevant, but rather that it should reflect local norms. It should be clear to the community that the visuals were generated within community—without design expertise applied. In the end, the designer should have an effect on the visual while allowing the message to come from the participants. (Conversation with Clinton Carlson, October 16, 2007)

‘Other stakeholder’ roles

Conventional design practice is understood within the context of a client-designer paradigm. End-users, when called upon in various human-centered approaches, inform or enhance the paradigm. In participatory design, the active participation of end-users can blur the client-designer model. In some cases, for example, the participants are the clients, but in other scenarios, a supporting organization might be perceived as the client. There might even be additional stakeholders such as funding organizations or governing bodies. It is important to acknowledge that there are almost always ‘other stakeholders.’ The roles of these stakeholders vary, in relation to both the designer and the participants.

Participatory design interventions are not widespread. Groups that could benefit most from this approach, including non-governmental organizations, citizen groups and health organizations, rarely do. One likely reason is the restrictive budgets of these organizations. It is also likely that the majority of these organizations are unaware of the potential role that design, in particular, participatory design, could play in supporting their initiatives. It is evident that more needs to be done to find ways to connect designers with, or transfer design knowledge to, these social change organizations. A critical step will be increasing awareness within civil society of the opportunities available through design. (Martinson & Chu, 2003)

Participatory approaches

*Participatory design is not a single procedure or ingredient.
It is a commitment regarding power and inclusion.*

—John M. Carroll (2006, p. 18)

The following are approaches that can contribute to implementing participatory design.

Negotiating entry

Participatory approaches should be effective in bridging gaps between project stakeholders and their inherent ‘differences.’ For example, an outsider, such as a ‘Western’ designer must be careful not to enter into an African community threatening to ‘westernize’ it. Designers must negotiate entry into these countries with respect, understanding and “critical empathy.” Designers should be careful not to assume that their own understandings, values and technologies are superior or more appropriate than those of the community. They must acknowledge that all are ‘equal’ and that community members have their own knowledge to offer. Designers should show that they also expect to learn from the community. This is the only way to achieve a social/cultural relationship that is balanced. (Conversations with Dr. Ali Abdi, October 15, 2007 and Jorge Frascara, November 5, 2007)

Localizing the design process

To achieve a balanced partnership between the designer and the community, the relationship must be negotiated and shaped around the local setting and its circumstances. Designers must become aware of the histories, cultures and unique particularities of the local community and acknowledge them in the design process as participants identify with what is reflective of their own experiences. Creating opportunities for participants to share their stories and perspectives helps to build trust—a critical step toward establishing an effective and ‘equal’ relationship. (Bennett et al, 2006; Kodama & Minh Chau, 2002; Thomas, 2006)

Building community

“Building social capital” is the primary goal in community-building strategies. (Sanoff, 2000, p. 7) The following are guidelines outlined by Sanoff that can help to build community and consequently help to establish a climate for effective participatory design (2000):

- participants should be involved in goal-setting strategies
- individual strategies should be developed for each group
- groups should be of manageable size
- community values should be reinforced to help build human and social capital
- strategic partnerships should be created with other organizations
- it should be understood that there is not only one solution to a problem; solutions should be based on facts and attitudes
- it should be understood that professional decisions are not necessarily better than those of the participants

Communication strategies

The following are summarized communication approaches adapted from Kodama and Minh Chau, authors of ‘Community Participation in Development’ (2002). The objective of these strategies is to help participants relate at a personal level to the issues being explored as part of the design intervention. By internalizing knowledge and processes through engaged activity (while having fun) participants learn through experiencing. Making an activity appealing and fun goes along way to attracting participants to get involved. Another advantage of these approaches is that they facilitate learning not only between the facilitator and the participant, but from participant to participant as well.

Community outreach

This approach takes participants out into the community to talk with people on the streets in order to find out current views and understandings related to the design intervention.

Peer-to-peer communication

Participants share knowledge and experiences with members of the audience. As peers, they have easy access to their audience.

Active learning approach

This ‘learning-by-doing’ approach includes the use of games, exercises, role-plays and brainstorming activities. (Kodama & Minh Chau, 2002)

Participatory tools

Materials are not just a “given” to be incorporated in the designer’s calculation but are part of the design problem.

—Dennis P. Doordan (2003, p. 3)

Special participatory design tools can help the designer to access user expression at a more profound level. These tools can utilize techniques such as collaging, story telling, mind-mapping, etc. and can be experienced through games, exercises and focus-groups, among other activities. Although there are approaches to draw from, there is no universal approach to creating participatory tools, as they must be conceived relative to each specific design intervention in order to be most effective. (Sanders, 2002)

DESIGN QUESTION

Development of design question

The design question was continuously re-articulated in response to new knowledge and experiences. As research progressed the design question evolved and focus narrowed. For example, as public health became a focus, as partnerships were established, and later as youth were chosen as the user-group, the question shifted accordingly. *The following diagram, figure 5, illustrates the beginning of this process. Later, on page 31, another diagram, figure 6, relates how the 'design question' developed into the 'research question.'*

Figure 5:
Initial design question



IDENTIFICATION OF AN AREA FOR A DESIGN INTERVENTION

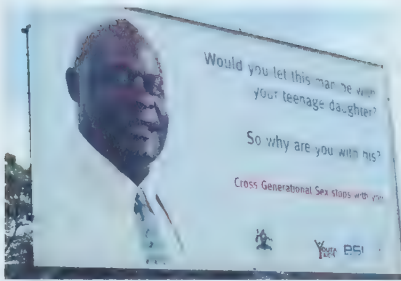
In conventional design practice, design services are usually sought by a 'client' in order to solve an identified communication problem. In design research this role is often reversed, as the design researcher actively seeks out a problem, or an area for a design intervention. For this study, such an area was sought to provide an opportunity to implement a participatory design project in a resource-poor community. Rather than seeking out 'clients', however, partnerships with mutual interests were sought.

Public health

An initial interest in HIV/AIDS posters from around the world inspired the consideration of public health as a broad entry point for identifying a topic for a design intervention. In addition, inspiration was drawn from case studies through which community participation approaches were applied in response to the epidemic. (Bennett, 2006; Kodama & Minh Chau, 2002; Wells, 2004) Initial discussions with faculty members at the School of Public Health, University of Alberta led to a further exploration of possible areas for a design intervention, including HIV/AIDS and malaria. These topics were discussed in the context of resource-poor areas of Africa. (Personal conversations with Dr. Lory Laing, 2008)

School of Public Health

The School of Public Health (SPH) has a focus on health promotion as well as an interest in cross-disciplinary collaboration (School of Public Health, 2009). Logistical support and guidance from the SPH served to identify a broad area for a design intervention in Uganda, where the school has maintained a collaborative relationship with Makerere University conducting research related to HIV/AIDS treatment. A preliminary visit was made to Kabarole District, a region of Uganda where researchers from the SPH were established, to speak with experts and community members to assess the situation and identify a more specific area for a design intervention. Support from the SPH as well as the Institute of Public Health, Makerere University was instrumental in establishing partnerships and logistics for this project.



Analysis of public health messages in Uganda

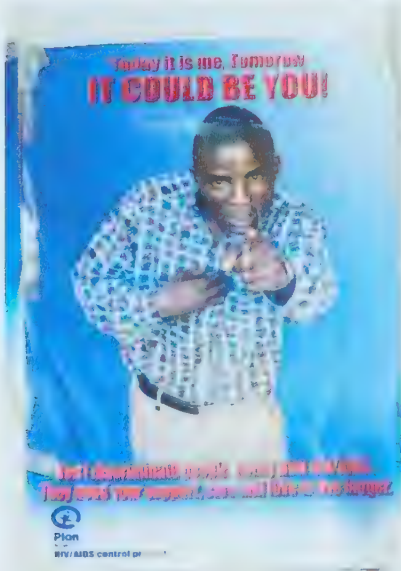
One goal of the preliminary visit to Uganda was to do a visual analysis of current public health messages. The following questions led to a number of common themes which are summarized below:

Questions

- What are the current issues and proposed solutions that are being communicated?
- What media are being used (i.e. billboards, posters, etc.)?
- What type of language is being used (i.e. direct, indirect, etc.)?
- What type of imagery is used (photographic, illustrative, etc.)?
- Where are the communications commonly located?
- To whom are the communications targeted?

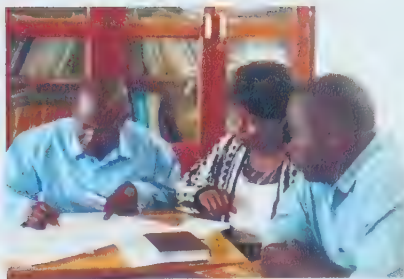
Common themes

- Direct, to the point messages
- Simple imagery, most often photographic
- Messages that pose a question
- Messages that have a primary message (usually placed at the top) followed by a call to action or supporting information (usually placed at the bottom)



Uganda Ministry of Health headquarters





Pilot participatory design workshop with public health workers

During the preliminary visit to Uganda a pilot participatory design workshop was organized in Kabarole District with the help of the District Health Officer. Approximately fifteen public health workers were in attendance. Please see appendix 5 (letter of invitation to pilot workshop in Kabarole District) for further details. The following objectives led to key findings, inspiring an improved and narrowed project focus.

Objectives of workshop

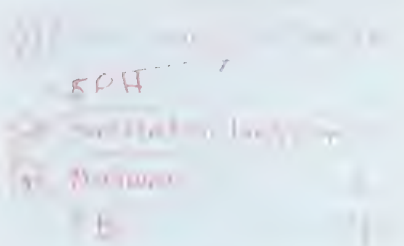
- Introduce participatory approach to designing messages
- Identify and analyze the most critical public health issues
- Identify a target audience group
- Explore key messages for identified issues

Key findings

- Strong support for and interest in focusing project on youth
- Identification of HIV/AIDS, sanitation and hygiene and malaria as critical issues
- Strong support for and interest in the notion of painting messages on buildings, especially in the case of a youth audience

Developing design concepts (in groups)

- What is the specific message that needs to be communicated?
- To whom should this message be targeted?
- Who should participate in designing the messages (if different from targeted group)?
- Consider where and in what form (medium) the message should be produced (i.e. poster, mural, brochure, etc... on road sign, building, in clinic, on taxi, etc...)



Identification of a specific public health topic

A key objective of the preliminary visit to Uganda was to identify an area for a design intervention, and in doing so it was expected that a public health issue such as malaria or HIV/AIDS would be identified as the intervention topic.

During the workshop, the health workers present identified three critical issues (HIV/AIDS, sanitation and hygiene, and malaria), however, it became clear that it was a very complex and naive task to determine which issue might be most critical, especially considering there was no issue that did not deserve attention. Focus shifted away from identifying a specific public health topic toward identifying an area for an intervention that would benefit from an approach involving a high level of community participation. There was an overwhelming interest by health workers to address youth-specific issues. They also felt that youth would be best suited to participating in designing painted messages, since this approach seemed to suit youth culture. In response to this feedback, focus was directed at developing an approach for designing with youth participants. Later, determining the key issue itself would become an integral part of the design/research process, coming from the youth participants themselves.

Favorable responses

Designers have the responsibility to obtain a reaction, and their objective should be to activate the community in order to achieve the reaction. (Conversation with Jorge Frascara, October 27, 2007) With this in mind, the term 'favorable responses' was used to describe the desired messages that could come out of the design process. 'Responses' are reactions and ideas that come out of the community leading to messages about the issues that they have identified, in relation to their localized circumstances and beliefs. 'Favorable responses' are those that through consensus building are agreed upon as such, by the community.

In addition to extracting favorable responses from community members, this project was also accountable to the Uganda National Council of Science and Technology (UNCST), who approved the initial research proposal. In addition, the Uganda Ministry of Health agreed to support the project, approving all final painted messages prior to their production. *Please see appendix 17 for an example of a proposal letter sent to and approved by the Ministry and appendix 2 for a copy of the certificate of approval to conduct research from the UNCST.*

Resource-poor areas

A driving motivation for this research project was to explore the weaving of design with community, a notion that came out of previous experiences living and working in West Africa. As such, it was important that the field work for this project take place in Africa. When this project was just an idea, terms like ‘Sub-saharan Africa’ or ‘developing country’ were used to describe where it might take place. These terms are vague and perhaps misleading. The more descriptive term ‘resource-poor area’ is now preferred because it refers to the circumstances of a particular community, rather than those of an entire country or region. Personal experiences in various resource-poor communities in Africa—where community-centered ways of living were witnessed and shared—laid out the foundation for this project. As such, this project took place in resource-poor areas of Uganda not because of what they might lack, but rather for what they could offer in terms of learning about community life and how to nourish it through design.

Contextual analysis

During the preliminary visit to Uganda the following question was asked, ‘how can the particular circumstances of ‘resource-poor areas’ inform the design approach?’ It became evident that almost all the materials and resources that might normally be used in a conventional design practice, such as computers and access to printers, were in fact available, although access was often limited and certainly not always convenient. It was realized, however, that although something might actually be ‘available,’ if it is costly it is more than likely not accessible to the community. With this in mind, the particular contextual realities of designing in Uganda were explored, including identifying materials, resources and approaches that are locally available at a low cost.



Observation of painted messages on buildings in Uganda

While looking for public health messages in Kampala, many buildings with painted messages were noticed. Although these were commercial messages, their potential was recognized as an approach for carrying compelling visual messages about public health topics. The following questions were asked, leading to an eventual decision to adapt the approach for public health messages.

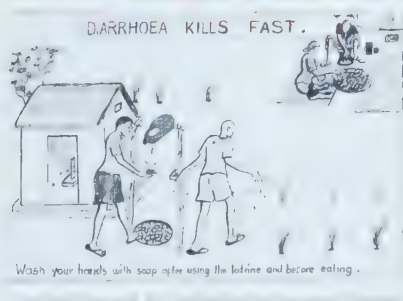
Questions

- How would owners feel about having these messages painted on their buildings?
- How would the use of these surfaces be negotiated?
- What would the associated costs of producing these messages be?
- How would participants feel about painting messages on buildings?
- How much impact could such messages have?

Potential advantages of adapting this approach for public health messages

- The process is already established in the community
- Messages are locally produced
- Messages are highly visible to a high number of people
- Surfaces are available
- Production costs are cheaper than printing billboards
- Producing paintings can involve participants in the process





Pilot collaboration with artists in Kabarole District

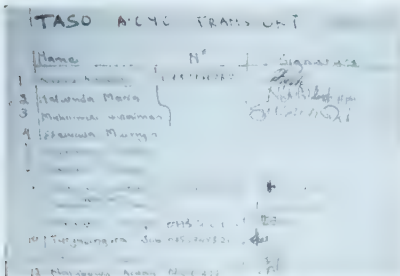
During the pilot workshop with public health workers, participants developed public health messages—two groups focusing on malaria and another two groups concentrating on sanitation and hygiene. Following these workshops a collaboration was established with three local artists in order to design messages inspired by concepts developed in the workshop. The overall objective of the collaboration was to explore how local artists could also participate in the design process. Other objectives are listed below, followed by key findings:

Objectives of collaboration

- Develop a relationship with local artists, exploring a collaborative process
- Explore how local artists and public health workers can work together to develop messages
- Further explore concepts introduced in the pilot workshop

Key findings

- Artists were eager to collaborate, seeming to appreciate the opportunity to gain design experience
- Discussing the artists' concepts with public health workers helped to refine the messages (both textual and visual aspects)
- The willingness of the artists to learn seemed to be more important than their initial skill level



PROJECT PARTICIPANTS

Youth

As noted in the section ‘area for design intervention,’ youth were identified as an appropriate group for the design intervention, in particular one that would involve the designing of large-scale painted messages about participant-identified public health issues. Youth in this study were males and females from 15 to 25 years of age. The focus on youth was not intended to generalize this wide age group, but rather to allow for opportunities to work with authentic groups that may include individuals between those ages. The age range of individuals groups was not as wide. For example, participants from the Namuwongo youth group ranged from 15 to 19 years and members from the AIDS Support Organization (TASO) AIDS Challenge Youth Club (ACYC) Mulago ranged from 18 to 23 years.

Criteria for selecting youth groups

Discussions with professionals suggested that selecting authentic, already established youth groups might lead to more sustainable outcomes. Partnerships with such youth groups were sought, and achieved in at least two cases (Makerere University Walter Reed Project (MUWRP) Kayunga Youth Center Staff and TASO ACYC Mulago). In order to achieve a diversity of groups and to test the above assumption one of the groups of youth was established for the purpose of the project by mobilizing young men in Namuwongo. Later, it would appear as though this approach was in fact sustainable as the group, the Namuwongo Youth Group (NYG), is now an established and active community group.

Informed consent

Consent forms were administered to each participant. For youth under 18 years of age consent forms were administered to the their gaurdians. These forms were translated to the local language where necessary. *Please see appendix 6 for an example participant workshop consent form.*

Transport reimbursement

Participants in three of the four youth groups were provided with a transportation reimbursement at the end of each workshop. Reimbursements ranged from 2 500 to 5 000 Uganda shillings (approximately \$1.35 to \$2.70) per participant, per workshop. Participants in the MUWRP Kayunga group were not provided with a transport reimbursement as the workshop series was conducted at their place of work during working hours.



Youth group profiles

Makerere University Walter Reed Project (MUWRP) Kayunga District Youth Recreational Center Staff

Location: Kayunga (rural)

Group membership: volunteer HIV/AIDS counselors

Number of participants: varied, on average 15

Age: 18-25

Sex: mixed

Program: twelve weekly sessions of three hours



The AIDS Support Organization (TASO) AIDS Challenge Youth Club (ACYC)

Location: Mulago, Kampala (urban)

Group membership: young people whose parents or close relatives are living with or have died of AIDS

Number of participants: 14

Age: 20-24

Sex: mixed

Program: ten weekly sessions of three hours



Art 4 Social Change group

Location: various venues in Kampala

Group membership: students active in other community organizations

Number of participants: 10

Age: 20-25

Sex: mixed

Program: nine weekly sessions of three hours



Namuwongo Youth Group (NYG)

Location: Namuwongo, Kampala (urban)

Group membership: underprivileged, mostly school drop-outs

Number of participants: 9

Age: 15-19

Sex: male

Program: seven weekly sessions of four hours

"IN MY LIFE I WAS IN
THE UNIVERSITY TAKING
LESSONS ... ME I WAS 18
YEARS ONLY AND I WAS IN
MAKERERE UNIVERSITY
TAKING LESSONS"



"WHEN WE WENT TO
MAKERERE I THOUGHT THESE
GUYS WOULDN'T LISTEN TO
ME BECAUSE I WAS YOUNG
BUT THEY GAVE ME TIME ...
AND THEY CORRECTED US IN
THE MISTAKES WE WOULD DO
IN DESIGNING THAT WAS
SO AWESOME"



Artists

Throughout this project both the terms 'artist' and 'designer' were used to describe the various visual communicators that took part, many of whom were design students. The term 'artist' is used in this report to describe all visual communicators, as per the local convention.

In-class workshops

An opportunity was presented to conduct an in-class workshop over two classes at the Makerere University Margaret Trowell School of Industrial and Fine Arts with students taking the course 'letting IFA 1222.' Please see appendix 8 student workshop consent form for further details. Over 100 students and about 30 project participants (individuals from each of the four youth groups were selected to attend) were present each day. Students and participants were divided into eleven working groups.

Role of participants

Participants were asked to present their working concepts as well as their ideas about their chosen public health issue to the students for feedback.

Role of students

Students were asked to share their design knowledge, as well as their own perspectives, as youth, about the issues presented. This helped participants to develop their concepts into effective communications.

Recruitment of artists for subsequent collaborations

The in-class workshops received very positive feedback from both participants and students. Participants were so appreciative of the feedback provided by the students that many made requests to continue to collaborate with them. As a result, a follow-up workshop was conducted. All three Kampala youth groups were present as well as about 20 students. Following this, participants chose the 'artists' they were most comfortable working with. Artists that were selected attended subsequent workshops. They did so as volunteers, receiving a small transportation reimbursement.

Artist profiles (next page)

Permission was obtained from the following artists to acknowledge their contributions and present their profiles. Please see appendix 9 consent for acknowledgement: Makerere students.



**"I HAVE LEARNT A LOT FROM
THE PEOPLE I'VE WORKED
WITH AND ALWAYS WILLING
TO HELP MORE."**

Andrew Jackson Obol (O-Jay)

Age: 22

Concentration: illustration

School: Margaret Trowell School of Industrial and Fine Arts

Participated with:

- TASO ACYC Mulago
- Art 4 Social Change group
- Namuwongo Youth Group



**"IT HAS MADE ME REALIZE
HOW IMPORTANT I AM AS AN
ARTIST ... AND HAS MADE ME
A BETTER ARTIST."**

Mbuga Kizito

Age: 20

Concentration: painting, fashion design, communication design

School: Margaret Trowell School of Industrial and Fine Arts

Participated with:

- TASO ACYC Mulago
- Art 4 Social Change group
- Namuwongo Youth Group





**"WE CAN MAKE A DIFFERENCE
IF WE ARE TEAMED UP ...
I WAS BLESSED AND HUMBLLED
TO BE A PART OF IT."**

Rolands Tibirusya

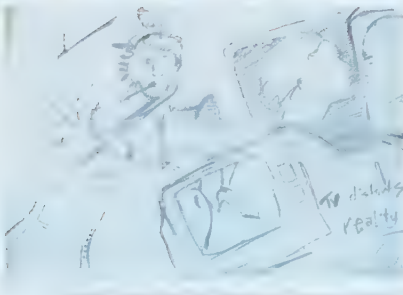
Age: 25

Concentration: painting (expressive live painter)

School: Margaret Trowell School of Industrial and Fine Arts

Participated with:

— Art 4 Social Change group



**"I'VE LEARNT TO INCORPORATE
ARTISTIC SKILLS INTO PUBLIC
HEALTH MESSAGES TO COME UP
WITH SOMETHING INTERESTING."**

Isaac Mugabi (Skyman)

Age: 20

Concentration: graphic design, painting, illustration

School: Margaret Trowell School of Industrial and Fine Arts

Participated with:

— Namuwongo Youth Group





**"IT HELPED ME LEARN THAT I
CAN ACTUALLY USE MY ARTISTIC
KNOWLEDGE TO COMMUNICATE
TO PEOPLE AS AN ARTIST."**

Charity Priscilla Namiyonga

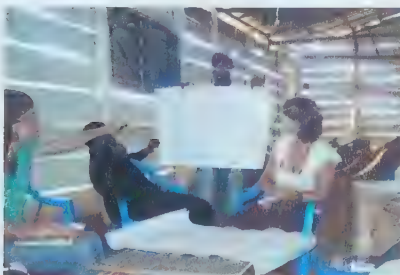
Age: 20

Concentration: fashion design, painting

School: Margaret Trowell School of Industrial and Fine Arts

Participated with:

— TASO ACYC Mulago



**"IT HAS MADE ME REDISCOVER
THE VALUE OF ART AS A WAY OF
PASSING POSITIVE MESSAGES
TO THE YOUTH."**

Paul Ngata Wachira

Age: 22

Concentration: graphic design

School: Margaret Trowell School of Industrial and Fine Arts

Participated with:

— Art 4 Social Change group

— Namuwongo Youth Group





"I HAVE LEARNT TO WORK COLLECTIVELY TO COME UP WITH A SOLUTION TO A PROBLEM IN FORM OF VISUAL COMMUNICATION."

Alfred Isabirye

Age: 21

Concentration: graphic art, illustration

School: Margaret Trowell School of Industrial and Fine Arts

Participated with:

— TASO ACYC Mulago



RESEARCH QUESTION

From design question to research question

At the onset of the interrogation process, an initial design question emerged about a particular way of designing for a particular group of people with the broad objective of inspiring positive social change. As this design question became more articulated it evolved from a 'what' question to a 'how' question and in doing so it gradually became a research question. It is important to note that the final research question was articulated near the end of the research process, in a sense only after it was asked. *A diagram on the following page, figure 6, outlines how and why this was the case.*

From design question to research question

Initial design question

How can a human-centered approach to design help community organizations achieve positive social change?

How can ~~a human-centred approach to participatory design~~¹ help ~~community organizations~~ ~~social change initiatives~~² ~~achieve positive social change in developing countries~~³?

¹'Participatory design,' a specific human-centered approach was favorable to 'user-centered design' as it describes the active involvement of the user.

²'Social change initiatives' was preferred to 'community organizations' because it puts the focus on the initiative, rather than the structure of the group.

³'Developing countries' was added to make the question more specific.

Refined design question

How can participatory design help social change initiatives in developing countries?

How can ~~participatory design~~ approach ~~visual communication design~~⁴ help ~~support social change initiatives~~ ~~ec~~ ~~in developing countries~~ ~~resource-po~~ ~~about public health issues including~~ ~~sexual or reproductive health relate~~

⁴'Participatory approaches in visual communication' was preferred to 'participatory design' as it clarified the approach, supported the design discipline while underlining the importance of the research.

⁵'Educate communities' was preferred to 'support social change initiatives' because ultimately the goal of the research is to support the initiatives of their respective initiatives.

⁶'Resource-poor areas' was preferable to 'developing countries' because of the circumstance of a particular community, rather than the generalization of a country.

Initial research question

How can participatory approaches in design help educate communities in resource-poor areas about public health issues including sexual or reproductive health related issues?

approaches in
educate communities⁵
in resource-poor areas⁶
about HIV/AIDS and other
public health topics?

'design' was favorable to
situating it within a particular
set of particular approaches.
'social change initiatives'
support communities and hence
the 'design' was favorable to
situating it within a particular
set of particular approaches.
'social change initiatives'
support communities and hence
the 'design' was favorable to
situating it within a particular
set of particular approaches.

How can participatory design approaches in
visual communication design help to educate
~~communities~~ youth⁷ in resource-poor areas about
~~HIV/AIDS and other sexual or reproductive health-~~
~~related topics~~ favorable responses⁸
to public health issues?

⁷'Youth' replaced 'communities' because the target group became more focused.
⁸'HIV/AIDS and other sexual or reproductive health related topics' was removed
because it became important not to place limits on the public health issues
explored. 'Responses' was added to indicate the importance of the notion of
instigating responses from the community and 'favorable' was added to indicate
the importance that the messages be those desired by the community.

Final research question

How can participatory approaches in visual
communication design help to educate youth in
resource-poor areas
about HIV/AIDS and other
public health topics?

**How can participatory approaches in visual
communication design help to educate youth in
resource-poor areas about favorable responses
to public health issues?**



Design for social change

Human-centered design

• Participatory

Public communication design

help to

Influence awareness • lead to behavioral change

educate

• youth appropriate

le responses

to

• youth-tested

youth-identified

public health issues ?



ESTABLISHING PARTNERSHIPS

Mobilizing youth groups

MUWRP Kayunga Youth Center

The Makerere University Walter Reed Project (MUWRP) in partnership with the Kayunga District Health Authorities opened the Kayunga Youth Center in 2006. The objective of the center is to build capacity HIV prevention, care and treatment for the youth of Kayunga District. The center is staffed by volunteer youth HIV/AIDS counselors. (Makerere University Walter Reed Project, 2008)

To facilitate a workshop with the volunteer youth staff, MUWRP offered financial support to cover logistical costs including transport to Kayunga as well as workshop supplies and painting materials. Due to this contribution, two additional messages were painted (the other three groups painted one single message). Participation was optional and although nearly 30 staff attended some workshops, fourteen completed the workshop training.

TASO ACYC Mulago

The AIDS Challenge Youth Club (ACYC) Mulago is a network of youth who have close family members who are either living with or have died of AIDS. The objective of the club is to address youth-related concerns including sexual and reproductive health-related issues including HIV/AIDS. (The Aids Support Organization, 2003)

Art 4 Social Change group

This group was mobilized by an HIV/AIDS counselor at the Aids Information Center (AIC), based on recommendations by Young Empowered and Health (YEAH) and the Health Communication Partnership (HCP). Participants were selected from various other community organizations, including a local Youth Advisory Group (YAG) with the objective of bringing together a group of young leaders who would have the opportunity to acquire skills in participatory design and consequently share these with members of their own respective organizations. Due to various logistical challenges, the venue changed from the AIC to YEAH to finally the lawn on campus at Makerere University. As such, what the group was called was constantly changing. By the end of the workshop series the group decided to call themselves the “Leslie Foundation: Art 4 Social Change.” In the remainder of this document this group will be referred to as ‘Art 4 Social Change,’ however, it should be noted that the group is not yet an officially recognized community group.

Namuwongo Youth Group

A fourth and final group was mobilized in a Kampala community called Namuwongo. This group was established independently of an established organization. To mobilize the group, the first member was selected and asked to mobilize up to nine other young men from 15 to 19 years of age. A presentation at a local church was made and permission to use the church for the project venue was granted. The NYG is now an active community organization.



Collaborating with public health professionals

The presence of a public health professional at each workshop was planned, however, only in the case of the Kayunga group, was this consistently the case. Often, public health professionals agreed to attend workshops, however, they frequently had to cancel. The role of the public health professional, usually a public health nurse or counselor, was to be present to provide additional support and to ensure the accuracy of any public health-related information discussed and used in the messages. In order to counteract this shortfall, additional emphasis was placed on testing the messages among other youth as well as having the messages approved by public health professionals as well as the Ministry of Health.

Hiring research assistants

Research assistants were hired through an HCP initiative called GOLD that helps recent University undergraduates in Uganda to obtain work experience. For most workshops one research assistant was present, however, for other workshops with more than one youth group in attendance as well as for focus groups two research assistants were present. The roles of research assistants were as follows:

- Documentation of workshop activities through notes, photos, videos and audio recordings
- Translation from English to Luganda and vice versa as necessary
- Administration of informed consent forms, questionnaires, etc.
- Administration of transport reimbursements to participants
- Help to organize refreshments
- Miscellaneous errands and practical assistance as required
- Facilitation of youth-led interviews with audience members

WELCOME to the workshop Participatory Design for Public Health Education Messages in Kampango Overview of Objectives for WORKSHOP 1 (today!).

- ① introductions + exchanges
- ② participatory design: ideology + object
- ③ Key issues: identification, exploration
- ④ designer teams: roles, tasks, issues
- ⑤ De-brief: next steps + evaluation



WORKSHOPS

Workshop format

All workshops (for the four different youth groups) were carried out on a weekly basis for between 7 to 12 weeks, depending on the group. Individual workshop sessions were typically three or four hours.

Providing healthy snacks

Rather than providing sodas and sweets to participants, healthier alternatives were offered. For each workshop session, fresh juice was prepared and locally made 'chapatis' or other snacks were provided. Participants were especially appreciative of the fresh juice. The Namuwongo Youth Group took the initiative to learn how to make the juice, making enough to serve 100 attendees at the project's wrap-up party. The juice-making materials were donated to the NYG who now use them to make juice to help fund their organization's activities.



Selecting and creating design tools

Tools for use in workshops were selected, or in some cases made, in correspondence with the participatory approaches outlined. These choices were informed by the contextual realities of the resource-poor areas where workshops were held. Below are criteria used for selecting tools as well as some of the tools used:

Criteria for tools

- Readily available in the community
- Easy to use
- Relatively cheap to buy
- Non-toxic

Tools used

- Flip charts and markers
- Cardboard numbers (to facilitate discussions)
- Recycled cardboard and paper
- Chalk, felt markers, crayons and pencils
- Paint, brushes and other painting materials
- Recycled containers, rags, etc.

"IMPROVING ON MY COMMUNICATION SKILLS I LEARNT HOW TO EXPRESS MYSELF"

Introductions:

- 1) Your name
- 2) Your age
- 3) What you do
- 4) I love my LIFE
about YOURSELF
- 5) 1 thing you would
to CHANGE about
YOURSELF

Flia chart presentation used to facilitate introductions

Introductions

At the beginning of most workshops, especially during the first half of each workshop series, various activities were performed with the objective of introducing and getting to know more about each other and also to get more comfortable exchanging ideas and perspectives within the group. Introductory activities were sometimes planned, sometimes improvised and always inclusive.

Participants were asked to present themselves before responding to an open-ended question like "what is one thing you like about yourself and what is one thing you would like to change about your community?" or "what would you would like to see change in your community?"

Games were also used to facilitate introductions among the group, such as the "I love, I hate game." It went something like this:

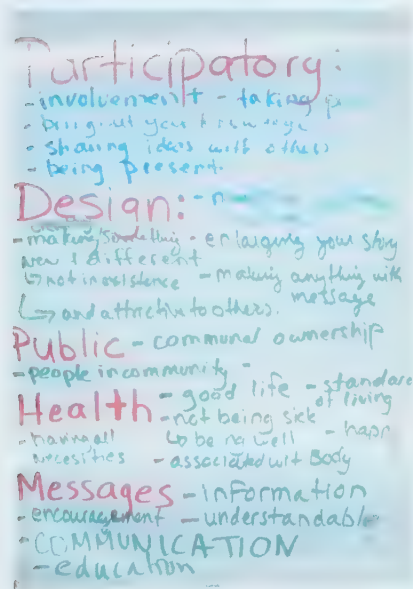
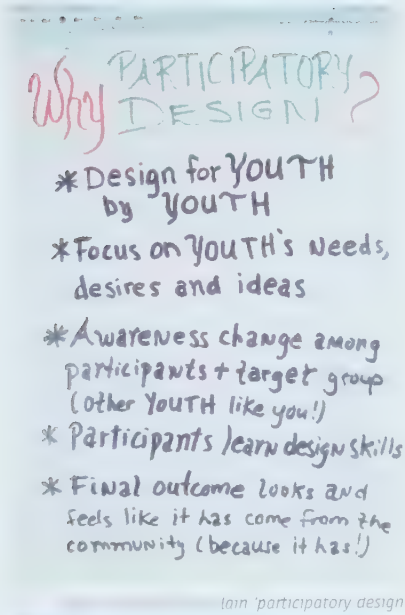
"My name is Daphne and I like clubbing because I feel so free."

"My name is Joseph and I hate clubbing because I don't like to dance, but I love eating pizza because its sooooo good."

"My name is Joy and I also love pizza because its so fun to eat and I hate football because it is so boring."

And so on...

As workshops progressed, participants would determine whether or not it was still necessary to make introductions, or instead move directly into workshop activities.



Votes taken of participants' definitions of term

Understanding the project

The concept of a workshop about “participatory design for public health education messages” was complex. As such, it was important, especially during the first workshops, to discuss the project ideology and its objectives as well as how to arrive at a consensus in terms of how to achieve objectives.

The notion of active participation seemed to be a relatively new concept among youth in Uganda. As such, it was especially critical to communicate to participants that they were welcome to contribute their own ideas and perspectives and that their viewpoints and knowledge would inform the design solutions. They came to understand that they were not simply the recipients of a pre-determined training, but rather co-designers in a collective problem-solving process.

In order to facilitate participants' understanding of the project, the following points were emphasized through open discussion

- Participation is essential and all viewpoints are welcome
- Youth participants identify the problems to be addressed
- Youth design messages for other youth
- Solutions need to be created from within the youth community, rather than adapted from existing messages

Objectives of Workshop 3

- * **Identify HOT TOPICS**
(from within the 6 themes chosen last week)
→ use problem scenarios from the network
- * **Develop groups based on selected hot topics**
- * **Identify potential location for paintings + discuss notion of "target audience"**

AGREEMENTS:

- Hand up to speak
- one for all all for one
- Feel free to join
- Keep time! 9h00 sharp!
↳ time management
- Respect others
↳ no disturbing
- Be creative
- Honest + trustworthy
↳ true to our words
- build our self network
- Use our time wisely
- Stay focused

Outlining weekly objectives

Typically, following introductions, an overview of the objectives for the current workshop was discussed. The overview was intended to remind participants of our collective goals for the workshop series and how the day's activities were helping to achieve them. Since the workshop and especially its participatory nature was a very new experience for most participants, it was important to keep track of previous accomplishments as well as to anticipate directions toward subsequent workshops.

Defining rules and expectations

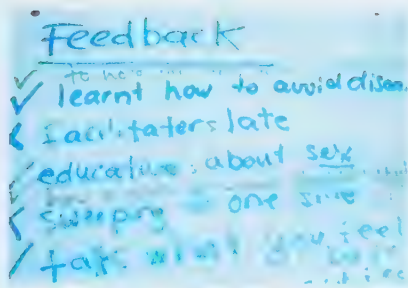
At the onset of each workshop series, sets of rules or 'agreements' as well as 'expectations' were outlined. This was an opportunity for participants to express their preferences in terms of cooperating as a group as well as make commitments to work toward a common goal.

'Agreements' included notions like

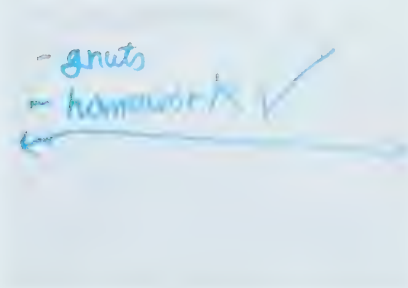
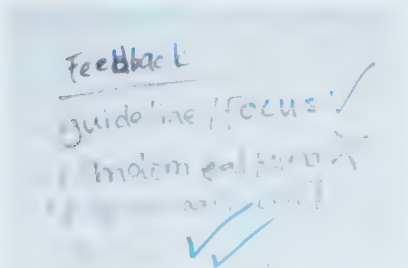
- Putting hands up to speak
- Having the opportunity to use either English or Luganda
- Arriving on time
- Respecting others' opinions
- Be creative and expressive
- Participate!

'Expectations' included notions like

- Receiving a transport reimbursement for end workshop
- Receiving a certificate at the end of the workshop series



Participant feedback



Feedback and way forward

An opportunity to offer feedback was offered at the end of each workshop session, noting what worked and what did not, as well as what was achieved and the next steps to take in the following workshop. Feedback was often critical as it helped to build consensus on workshop activities and improve the general conduct of the workshops, leading to positive ways of moving forward.

Positive 'feedback' notes included the following remarks

- The workshop was very educative about sex
- Learnt how to avoid getting diseases
- Reminded how to hold a pen (read and write) and take part
- Juice was great
- Liked freeness in participation
- Liked the facilitator, she was so free
- Everyone did their homework
- Learnt that any idea can be expressed
- Learnt that in just a matter of minutes you can draw a message
- Learnt that you can illustrate things visually
- Cardboard numbers were helpful in facilitating fair participation
- It was great to share problems with each other
- Enjoyed friendly competition to brainstorm problems
- Enjoyed drawing pictures
- Learnt new vocabulary
- Enjoyed working with fellow youth, discussing community issues
- Feeling more confident
- Improved design skills
- Made friends with youth who are older than me
- Acting was fun and helpful
- Involvement of artists is great

Negative "feedback" notes included the following remarks

- Too much random talking (need cardboard cards back!)
- Participants were taking sides
- Some participants are not focused, distracting others
- Facilitators were late
- Need to work on time management



Warm-up activities

Typically, after introductions a warm-up activity was facilitated with the objectives of getting energized, having fun and getting comfortable with each other. By the end of the workshops it was the participants themselves that were proposing and facilitating the warm-up activities. The following are examples of some of the warm-up activities. These activities were adapted from cultural games or activities as well as from personal experiences.

Mirror game

Performing actions, often with a partner, while the other partner or the rest of the group tries to mirror the action.
(focus on cooperation and expressiveness)



Name and action game

In a circle each person performs a short action or pose that represents them, afterwards, the entire group tries to remember each action and repeat it for each person.
(focus on observation, expressiveness and cooperation)



Naming game

After a subject is chosen (i.e. name of country, capital city, girl, boy, etc.) each person in the circle attempts to say a new name until they fail. This goes on until there is one winner. Those who are eliminated become judges of those who remain.
(focus on quick-thinking and cooperation)

Drawing words game

Words, usually at least loosely related to public health, are placed on pieces of paper in a hat. In teams, participants play the game by attempting to draw images and concepts until one team correctly guesses the word in question.
(focus on cooperation and relating visuals to concepts)



Drawing words game, TASO ACYT

Relating words game

A word is chosen and each person in the circle says another related word that wasn't already said until all but one person is eliminated (i.e. "woman-girl," "girl, school," "school-teacher," "teacher-class," and so on...)
(focus on quick-thinking and cooperation)



Local song and dance

Once participants became comfortable facilitating warm-up exercises, they often introduced songs and dances from their local cultures. *(focus on expression and collaboration)*

Dance-offs

Participants were invited to share their favorite dance moves by teaching someone else. *(focus on expression and participation)*



Collective sharing of stories

In a circle one person begins telling a story and each person adds something to it. Sometimes this is done by whispering. The result is usually entertaining. *(focus on creative thinking, listening and collaboration)*

Elbows, knees game

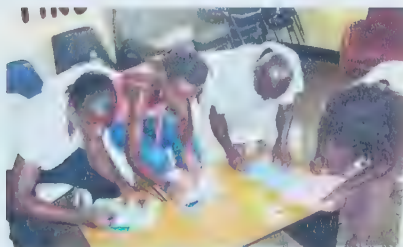
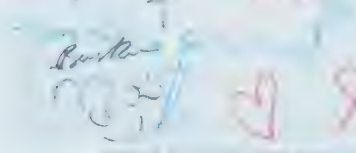
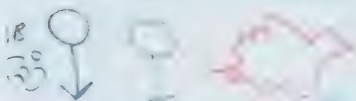
This game was often used to break the group into smaller groups. The facilitator might say “three elbows” and the participants would have to put themselves in groups of threes by attaching their elbows, then “four knees” and so on using various body parts. *(focus on quick-thinking and collaboration)*



Participant-led warm-up activity: Namuwongo

What is a symbol?

- Simple illustration
of an object, concept, idea
- represents an idea



signing personas (collectively)



Visual and conceptual exercises

In order to get participants to think like designers, they were engaged in a number of activities that focused on understanding design as well as developing creative thinking and expression. The following are a few examples of some of the exercises:

Exploring symbols

As a group, we defined the word 'symbol' and discussed how operate. Participants were then asked to draw symbols while the others guessed what they were drawing.

(focus on design knowledge development and cooperation)

Designing personas (collectively)

For this activity, each participant was given a sheet of paper with an emotion (i.e. happy, sad, etc.) written on the corner. They were asked to draw a body part (i.e. the head) of a persona that represented the emotion and then pass it on. We did this until a full character was developed for each emotion. The last person to draw on each persona then presented it to the group, explaining the image.

(focus on collaboration, creative thinking and visual expression)

Acting out emotions

In this exercise, someone would suggest an emotion and one at a time the participants would go into the circle to act out the emotion, building on what the previous participants expressed.

(focus on collaboration, creative thinking and visual expression)



Designing 'tag' names

This activity followed the exploring symbols exercise. Participants were asked to come up with a tag name and symbol to represent themselves. We used their tag names throughout the remainder of the workshops.

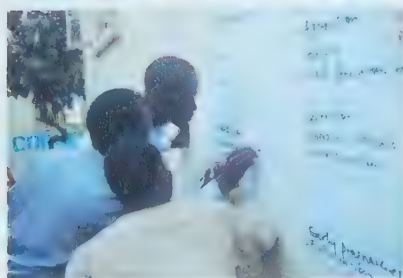
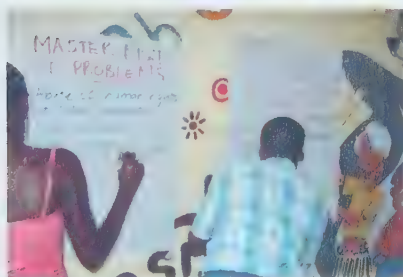
(focus on visual thinking and personal expression)

Client-designer posters

In this activity, participants were paired up as "client" and "designer" and asked to first interview each other and then design a poster representing their partner (client). Posters were then presented to the group.

(focus on developing design knowledge and visual expression)





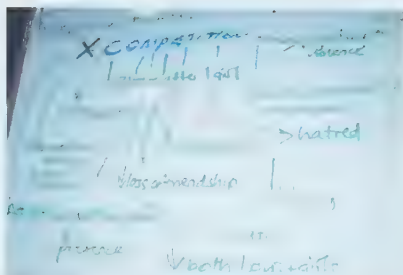
Identifying the problems

Making the master list

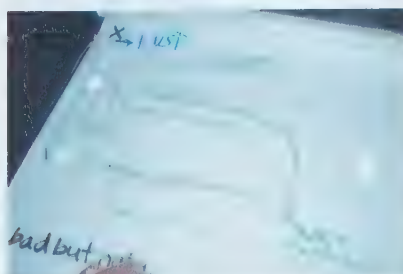
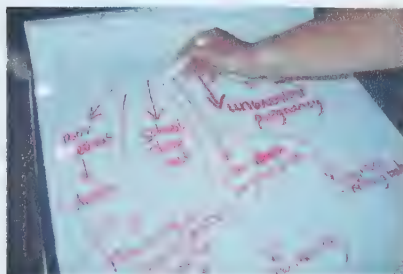
Typically in the first workshop session for each group public health issues were identified by brainstorming all the problems that the participants could think of. To do this, they worked in small groups. After the brainstorming, lists of problems were combined in a collective master list. This activity was usually conducted as a friendly competition whereby each group competed to write down the most issues (using different colored markers) as we went through the alphabet from A–Z.

A few examples of some of the many problems identified:

- Abortion
- Alcoholism
- Bareness
- Bullying
- Child labour
- Child sacrifice
- Child-headed families
- Corruption
- Cross-generational sex
- Defilement
- Depression
- Disrespect
- Divorce
- Drug abuse
- Early marriage
- Early pregnancy
- Gender discrimination
- Homosexuality
- Illiteracy
- Imprisonment
- Loss of parents
- Media influence
- Moral decay
- Orphanism
- Prostitution
- Rape
- School drop out
- Stigmatization
- Torture
- Unemployment
- Unfaithfulness
- Westernization
- Workaholism



competition, Namuwongo

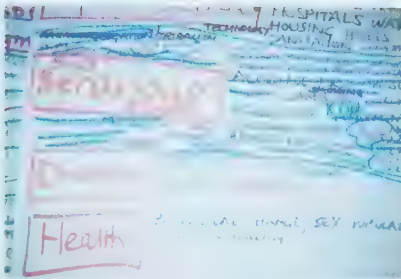


Categorizing the problems

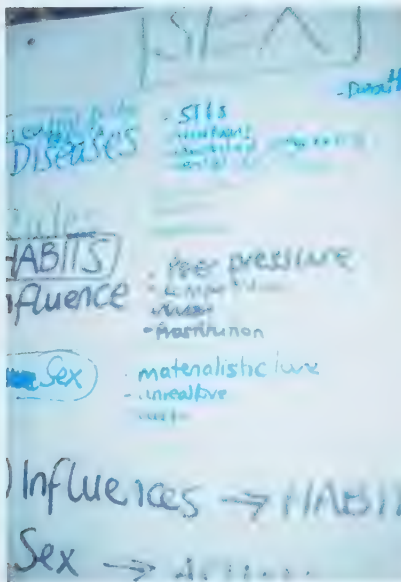
Mapping the problems

Once the many issues concerning the youth were identified, it was necessary to begin to distill the list into tangible categories that could be explored and further understood. Keeping in mind that eventually the issues would need to be prioritized, a 'mapping' approach was used to connect, explore, contextualize and group some of the problems identified.

In order to 'map' the problems, participants were encouraged to brainstorm (visually) issues (from the master list) they found to be of particular interest or importance by simply writing down and connecting problems, influences, outcomes, etc. This was usually done intuitively, and every map was unique.



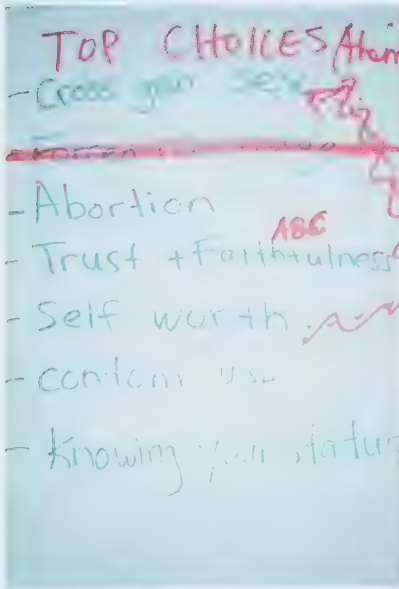
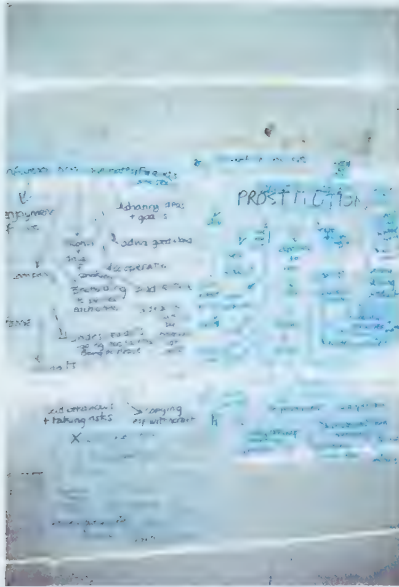
Groups of problems, Namuwongo



Grouping the problems

After getting a sense of the number of problems and in many cases their interconnectivity, we would group them into categories that made sense. For each youth group the categories varied. For example, the Namuwongo group first broke down the problems into 'infrastructure', 'behaviors', 'diseases', 'health' and 'accidents.' They re-organized these groups into 'sex', 'rights' and 'drugs.'

TASO ACYC, for example, first came up with the following groups of problems 'reproductive health', 'illiteracy and ignorance', 'abuse of human rights', 'cross-generational sex', 'disappointments in relationships' and 'abuse of drugs.'



Priority issues for TASO ACYC Mulago

Prioritizing the problems

Knowing that we would only have the time and resources to paint one message per group (with the exception of MUWRP Kayunga) it was necessary to prioritize the important problems identified. In some cases this meant narrowing the problems to just one, as in the case of Namuwongo, however, in other cases such as that of TASO ACYC, problems were first narrowed down as many as five. In these cases, concepts were then developed for all prioritized problems and finally one final problem/concept was selected to be painted. The number of problems explored depended on each group's preferences and problems were narrowed and eliminated through consensus-building. Participants would offer arguments either in favor or against proposed problems and ultimately voting was used to make final selections.

With the Namuwongo Youth Group, from the groups of 'sex,' 'rights' and 'drugs,' the chose to focus on 'sex' and broke this category into three sub-categories: 'habits (influences),' 'sex (action)' and 'diseases (results)'. From here they explored more specific themes including 'peer pressure,' 'materialistic love' and 'competition'. Finally, 'materialistic love' was chosen as the critical problem to explore throughout the remainder of the workshops.

In the case of TASO ACYC, problems were narrowed to 'cross-generational sex,' 'abortion,' 'trust and faithfulness,' 'self-worth' and 'knowing your (HIV) status.'

"I LOVED THE DEBATING,
THE WAY WE TRIED TO
ARTICULATE ISSUES —
PEOPLE SPOKE THEIR MINDS,
SOME DISAGREEING OTHERS
AGREEING — WE GOT TO SHARE
A LOT OF EXPERIENCES AND
FINALLY WE CAME UP WITH
CONCLUSIONS THAT ENABLED
US TO DRAW THESE CONCEPTS."

PROBLEM SCENARIO DEVELOPMENT

- ① Identify a **BAD ATTITUDE** or **MYTH** among **YOUTH** in your community
 - ② Develop a **SCENARIO** (story) where the bad attitude or myth is affecting 1 or more youth. Give the youth names.
 - ③ Prepare to present your scenario to the group. Consider role playing or alternative.
- Focus on describing the PROBLEM**
(we will explore solutions together)

INTERVIEW

Contextualizing the problems

In parallel to the process of identifying, categorizing and prioritizing problems, complementary activities were facilitated to help contextualize and further understand priority problems. These activities focused on exploring how the issues affect youth in particular, as part of their larger community. Creating and sharing stories in response to problems helped participants to explore the issues at a more personal level, without exposing their own personal circumstances (although they were welcome to if they were comfortable in doing so).

Creating stories about problems

Participants were first asked to identify 'bad attitude(s)' or 'myth(s)' present among youth in their community that could lead to unfavorable responses to the problem(s) they were exploring. They were then asked to create scenarios or stories that show how the myths or bad attitudes could impact youth. In creating these stories they were asked to focus on the problems, as potential solutions would be addressed later. The following are examples of bad attitudes or myths that were identified relative to the problem 'early sex':

- Boys need sex more than girls
- Women should be submissive
- It is okay to hit a girl if she says no to sex
- You can not get AIDS when having sex standing up
- You can not get STIs if you have sex in water
- Being a virgin is not stylish

Responding to the stories

Participants presented their stories within their groups. Presentations were followed by discussions about what advice could be given to the characters in the stories. Thinking of messages as advice that could be given to fellow youth helped participants to develop concepts that come from their own experiences and understandings of the problems. These discussions not only informed design concepts they also helped participants to understand the importance of designing their messages for their target audience—their peers.

"AT LEAST WHEN WE WENT TO MAKERERE THEY GAVE US GOOD HOSPITALITY AND NOW WHEN THEY CAME THESE ENDS IT WAS UP TO US TO ALSO DO WHAT THEY HAD DONE IN THAT WAY WE CREATED A FRIENDSHIP THAT I THINK WILL LAST AWHILE."



Facilitating youth group and artist exchanges

As described in the section 'project participants: artists,' an ongoing collaboration with selected artists developed out of the workshops held at Makerere University. This collaboration was presented to the artists as an opportunity to contribute their artistic skills in the context of a community project while gaining practical experience working corroboratively to design public health messages.

It is important to note that this collaboration was not anticipated at the beginning of the workshops. Being flexible and responsive as a project facilitator, however, lead to the realization that the inclusion of artists could enhance the design approach by allowing for increased community participation. Knowledge, relative to both public health and design, and skills were shared among peers (both youth participants and artists). This helped to build community, while opening up opportunities for further collaborations.



Critiquing the messages

'Critiques' or discussions aimed at providing constructive feedback were critical to the design process and served as initial stages for testing the messages. Concepts were presented to the group by individuals or sub-groups for responses from the remainder of the group.

The following are questions that guided critiques

- What is the message being communicated?
- Is the message clear?
- Is the message appropriate for the target audience?
- Does the textual message match the visual message?
- Can the message be understood without relying on the text?
- How can the message be improved?

The following are examples of components of the message that were discussed

- Clothing worn by the characters in the message (color of school uniforms, appropriateness of style, etc.)
- Age of characters (too young? too old?)
- Environment/scene (does it reflect the local community?)
- Characters in the scene (should the boyfriend be present? other school mates? parents?)
- Expressions and gestures of the characters (should she look angry? sad? does he look cool? does she look pregnant?)
- Props used in the scene (should he be holding a phone or money? should she be carrying books or a handbag?)





Writing the message

In general, once a particular public health issue and topic was chosen, such as 'transactional love' or 'getting tested for HIV,' participants began to explore concepts by first exploring the visual components of the messages. For example, they would imagine scenes or stories and then begin to represent them with a visual depiction such as a young man offering a cell phone to a girl or a couple walking to a clinic. Typically, corresponding textual messages were explored in response to the visual components of the message. 'Writing the message' or choosing a textual message that corresponded with the image was often a rigorous process. Typically, this would be done by brainstorming a list of possible messages and then filtering through the list using a consensus-building approach. In many cases, participants and artists were offered a marker to write down ideas as they emerged.

In some cases only English was used in messages whereas in other cases a combination of English and Luganda were used. In the cases where both languages were used they were not direct translations. For example, in the NYG painting (*page 70*) the English message is 'True love is never bought.' The Luganda message 'Si buli ekitemaganna nti zaabbu' is a local proverb that translates roughly to 'everything that glitters isn't gold.' Translating the Luganda proverb directly to English would have resulted in a awkward and difficult to understand message, according to participants. Instead, a more direct and easy to understand English message was used, one that also complements the Luganda message. In the MUWRP Kayunga (*page 67*) painting the messages were written in Luganda. English was used to reinforce the message, by summarizing the overall message in simple language: 'Test for HIV.' In all cases, the type of language used was reflective of the target audience.



Give examples
in your group
which you as
young men face
relating to sex and
relationships

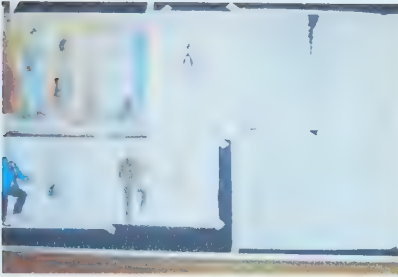


Testing the designs

Although design concepts were tested on fellow youth during critiques, it was important to also test the messages on members of the target youth audience that were not project participants. Participants tested their concepts at various stages through peer-to-peer communication. They did this between workshops, presenting concepts to fellow youth in their communities. Feedback and responses collected were then presented to the group in subsequent workshops, helping to refine concepts. The following is an example of a list of questions that participants developed and used to guide them through the testing process.

Example peer-to-peer testing questions

- What do you see in the picture?
- What have understood from the picture?
- Who is the picture meant for?
- How do you understand the words?
- Do the words match the picture?
- Is there anything you would change?



Selecting the concepts to paint

As mentioned in the section 'Prioritizing the problems,' only one concept was to be painted for each youth group (with the exception of MUWRP Kayunga, where three concepts were painted). In each workshop several concepts were developed. In some cases concepts were developed based on only one theme, such as 'transactional love' in the NYG. In these cases, however, several versions of the theme were explored. In other cases, such as that of TASO ACYC, a single concept was explored for several different problems; 'cross-generational sex,' 'abortion,' 'trust and faithfulness,' 'self-worth' and 'knowing your (HIV) status.' In all cases, concepts had to be eliminated. This was done through consensus building, which often involved voting as a process of elimination. Throughout this process participants and artists were reminded that all concepts were collectively owned by the group and that the elimination of a concept did not devalue the work put into it.

In selecting concepts to paint, the following points were considered

- Which concept communicates its message most clearly?
- Which message is most important to communicate to the community?
- Which concept is most appropriate for the proposed location?
- Which concept has the potential for the greatest overall impact?

MUWRP Kayunga Youth Center



concept about HIV/AIDS testing



drawing for HIV/AIDS con



Participant's drawing for HIV/AIDS testing concept



Detail of participant :

"THE WAY (HE) GOT A PENCIL AND PUT WHAT WE WERE THINKING ONTO A PIECE OF A PAPER IN DRAWN FORM THAT IS ARTISTICALLY AND BEAUTIFULLY EXECUTED IT WAS AMAZING— A GREAT EXPERIENCE."

TASO ACYC Mulago



Initial (right) and second (left) 'self worth' drawings



'Lettering' drawing for 'self worth' concept



Final drawing for 'self worth' concept



Artist sketching

"I LEARNT HOW TO DEVELOP AN IDEA AND COME UP WITH A FULL MESSAGE."

Art 4 Social Change group



Artist working on 'early sex' concept



Consequent and final drawing for



"I LEARNED HOW TO ACT
BECAUSE WHEN WE WERE
DESIGNING MESSAGES WE
COULD ACT AND PAUSE...
IT MADE IT TO BE EASY
TO DESIGN MESSAGES."

Namuwongo Youth Group



"PARTICIPATING IN LOOKING FOR THE VENUE HELPED ME TO LEARN HOW TO APPROACH ADMINISTRATORS."



Wall chosen for painting, Kayunga

"I GOT THE SKILL OF NOT GIVING UP. AT FIRST WHEN I WENT ALONE TO ASK FOR PERMISSION AT THE OWNER'S PLACE I WAS THROWN OUT BUT I DIDN'T GIVE UP I STUCK AT WHAT I WANTED AND THE NEXT DAY WE WERE GIVEN PERMISSION."



Wall chosen for painting, Nomuwungu

Finding appropriate wall spaces

Securing an appropriate location for each painting was imperative. About mid-way through each workshop series, participants were encouraged to seek out potential locations. In selecting a location the following criteria were considered:

Location: is there a high level of exposure to the target group? Is it highly visible?

Wall surface: does the wall require plastering or other potentially time consuming or expensive treatments before painting?

Ownership: is it likely that the building owner will agree to allow the wall to be painted and under what conditions?

Size and shape: is it big enough to be highly visible? Can the shape of the wall accommodate the design?

Obtaining permission

Once a preferred location was agreed upon select participants approached building owners to inquire about obtaining permission. In most cases, it became necessary to negotiate with building owners or administrators on behalf of participants to obtain the appropriate permissions. Permissions were granted from a home owner (NYG), from business owners (MUWRP Kayunga) and from public administrators (TASO ACYC and Art for Social Change group). In addition, the Uganda Ministry of Health approved all final painted messages prior to their production. In Kayunga, the Office of the Town Clerk, Kayunga Town Council also approved final messages. In all cases, permission was granted at no cost. *Please see appendix 17 example letter sent to and approved by the Ministry of Health and appendix 16 letter to the Kayunga Town Clerk requesting permission to paint.*

Finding paint sponsorship

In order to keep project costs low, and more importantly, in order to find a partnership for potential future projects beyond the scope of the four youth group projects, a paint sponsor was necessary. After a number of persistent efforts Sadolin Paints agreed to supply painting products at approximately 1/3 to 1/2 of commercial rates.



Building in Kabarole District



MUWRP Kayunga Youth Center

"IT KEEPS ON REMINDING
THEM TO TEST WITH THEIR
PARTNERS. IN THE LONG
RUN EVERYONE WILL MAKE
IT A ROUTINE."



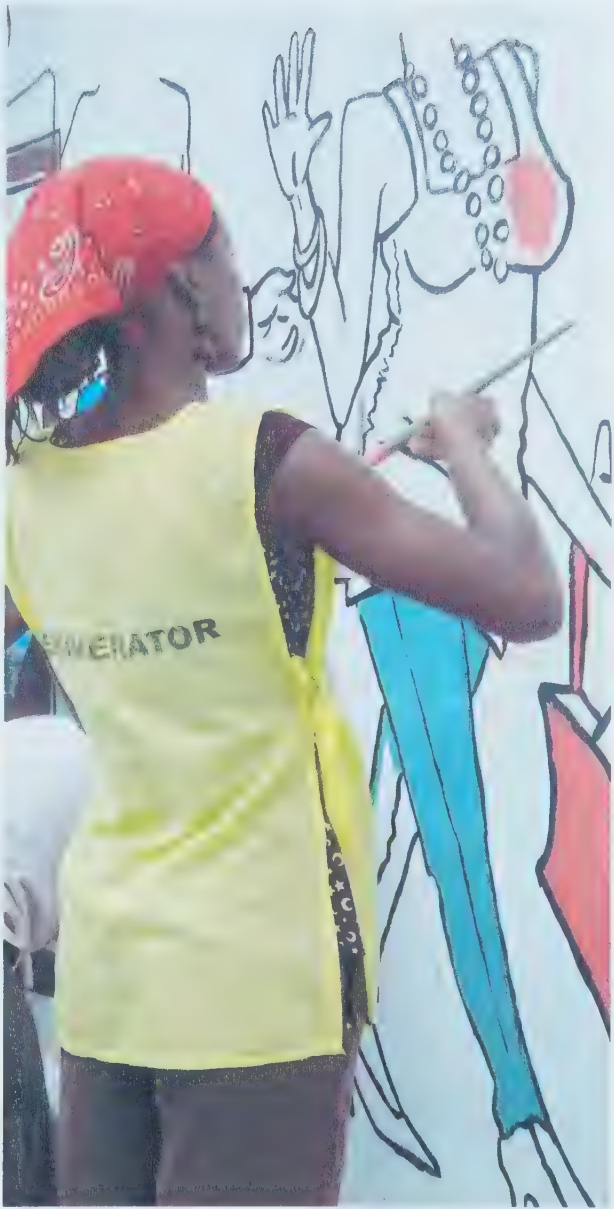
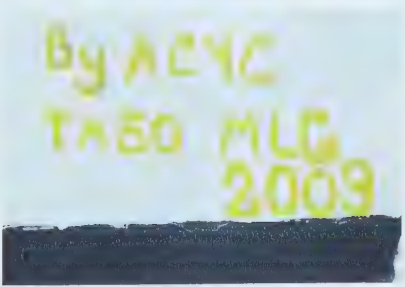
Children gather to watch check out the painting



Participant painting

I THOUGHT IS WAS
THOSE PEOPLE WITH MONEY,
THOSE WHO SHOW OFF,
THAT MAKE SUCH THINGS.
I DIDN'T KNOW THAT EVEN
A LAYPERSON CAN GO
AHEAD AND DO IT."

TASO ACYC Mulago



"WE WERE GIVEN THE CHANCE
TO DO THE PAINTING ...
I THOUGHT THE ARTISTS WERE
GOING TO DO IT ...
I GOT SO AMUSED AND
I ALSO FELT LIKE,
YES, I CAN ALSO PAINT!"



Painting together

Art 4 Social Change group



Participant painting

Namuwongo Youth Group

"AT FIRST, BEFORE IT
STARTED RAINING IT SEEMED
LIKE WE WEREN'T GOING TO
FINISH BUT AROUND 5H00
OR 6H00 WE WERE THROUGH.
SO IT SEEMED TO ME THAT
NOTHING WAS IMPOSSIBLE."



"THE FIRST DAY LESLIE CAME
WE WANTED EVEN TO FIGHT ...
WE DIDN'T KNOW WHERE
THIS THING WOULD END ...
IT STARTED IN TEARS BUT WE
HAVE BUILT SOMETHING THAT
IS GOING TO PUT A BIG
IMPLICATION ON OUR
COMMUNITY ... SHE CAME
WITH THE SEEDS THAT WILL
STAY HERE FOR YEARS."

MUWRP Kayunga Youth Center



Group photo, taken one week after the painting day



Are you in a relationship?



Go for HIV testing

"IT'S REAL AND SHOWS WHAT
TAKES PLACE IN KAYUNGA."

n'omwagalwa wo



**Manya embeera
y'omwagalwa wo ku sirimu**



your partner

Seek voluntary counseling together

"I BELIEVE THAT IT TAKES A COMBINED EFFORT TO COME UP WITH SOMETHING AS GREAT AND EVERYBODY'S CONTRIBUTION IS VALUABLE."

TASO ACYC Mulago





“PEOPLE ARE FEELING SO
SMALL... A LECTURER PASSES
THERE HAS A VIEW ON IT
— ‘AH THESE PEOPLE!’
HE FEELS SO BAD INSIDE,
HE IS FORCED TO CHANGE.”



Photo by [illegible]

Photo by [illegible]

"I PAINTED WITH A GROUP OF AROUND FIFTEEN PARTICIPANTS BUT THE MESSAGE LEFT HAS OR IS BEING WITNESSED AND IS CHANGING LIVES OF MANY."

Art 4 Social Change group



"HAVING THE PAINTING UP
GAVE ME A FEELING OF
WORK ACCOMPLISHED ...
WHEN YOU PASS BY THE
PAINTING WE REALLY FEEL
LIKE THERE WAS GOOD WORK
DONE AND THERE IS A
MESSAGE ... SO I REALLY
LOVED THE WHOLE THING."

LEMS
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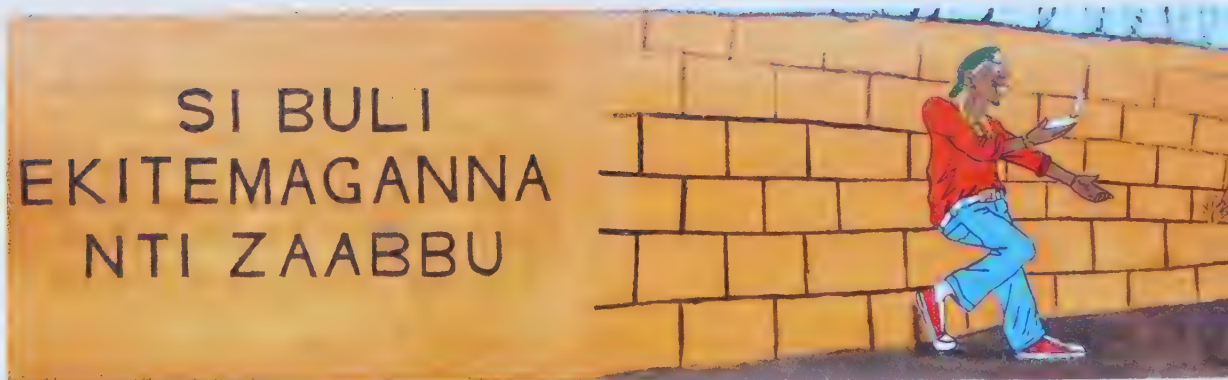
Final painting

"WHAT I HAVE LEARNT IS SOMETHING SIMPLE THAT NOT ALL THAT GLITTERS IS GOLD SO WE SHOULDN'T JUST RUN INTO RELATIONSHIPS WITH ANY STUPID PEOPLE WHO COULD EVEN BE INFECTED WITH VARIOUS DISEASES."

Namuwongo Youth Group



Photo: David M. K. (2010)



"IT WAS TRUE YOU KNOW,
WE WERE HONEST IN
WHAT WE DID, LIKE IT WAS
DESIGNED FOR THE YOUTHS ...
EVERYTHIN, THE MESSAGES,
THE ILLUSTRATIONS,
WERE TO THE YOUTHS."



TRUE LOVE IS NEVER BOUGHT

By NAMUWONGO YOUTH GROUP.
(NYG).



Analyzing data and reflecting on outcomes

EVALUATION METHODS

Discussions with community members and professionals

Discussions with community members and health care professionals were critical in establishing project logistics as well as leading to key decisions. Some of these discussions took place over informal meetings at the following institutions and community organizations:

- AFFORD Health Marketing Initiative
- Break Dance Project Uganda
- Catholic Relief Services, Kabarole District
- District Health Officer (DHO), Department of Health Services, Kabarole District Local Government
- Educational Policy Studies, Faculty of Education, University of Alberta
- Health Communication Partnership (HCP)
- Ignition Uganda
- Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs
- Kabarole Research and Resource Center
- Makerere University Margaret Trowell School of Industrial and Fine Arts
- Makerere Institute of Public Health
- Makerere University Walter Reed Project (MUWRP)
- MUWRP Kayunga Youth Center
- Malaria Control Program, Kabarole
- Ministry of Health Uganda
- Office of the Town Clerk, Kayunga Town Council
- School of Public Health, Department of Health Sciences, University of Alberta
- Straight Talk Foundation
- TB Control Program, Kabarole
- The AIDS Support Organization (TASO)
- TASO AIDS Challenge Youth Club Mulago
- Uganda Health Marketing Institute
- Uganda National Council for Science and Technology
- UNICEF Uganda

Additional informal discussions took place with other community members including parents, teachers, building owners, church officials, local artists and youth.

Post-workshop feedback

Collecting workshop feedback was an ongoing activity. At the end of each individual workshop, participants shared feedback about their experiences, focusing on what worked and on what could be improved. These comments were noted on flip charts and transcribed by research assistants.

Participant focus groups

Participant focus groups were held at the end of all workshops for each of the four workshops. Thirteen participants were present for the MUWRP Kayunga focus group, eight for the TASO ACYC, eight for the Art for Social Change group and six for the NYG. Focus groups were audio and video recorded and notes were taken by research assistants. *Please see appendix 13 for a list of questions asked during these sessions.*

Artist focus group

A focus group was held with six artists at the end of all workshops. Also at this time permission was obtained from these designers to acknowledge their contributions and present their profiles in this report. *Please see appendix 14 for a list of questions asked during these sessions and appendix 9 consent for acknowledgement: Makerere Students.*

Participant questionnaires

Questionnaires were distributed to participants at the end of all workshops for each of the four youth groups. The number of participants that responded to questionnaires is the same as those noted for 'participant focus groups' above. *Please see appendix 11 for a sample questionnaire.*

Audience responses

Audience responses to final painted messages were collected through participant-led interviews (audio or video recorded) as well as participant-administered questionnaires. Nine audience members were present for the MUWRP Kayunga interviews, twelve for the TASO ACYC, fourteen for the Art for Social Change group and eleven for the NYG. Research assistants were present to provide necessary translation or guidance. *Please see appendix 15 for an example of questions asked.*

"SINCERELY I NEVER
THOUGHT I'D STAND OUT
AND SAY WHAT I FEEL.
THOUGH I WANTED, BUT
NOW I CAN SAY WHATEVER
I FEEL HEAD ON."

"FOR ME IT WAS NOT
EASY TO SPEAK IN PUBLIC
AND NOW I CAN."

**"I HAVE LEARNT TO BE
AN EXAMPLE AND A
REPRESENTATIVE OF OTHER
YOUTHS. I HAVE GAINED A
LOT OF CONFIDENCE."**

ANSWERING THE RESEARCH QUESTION

Data was collected through discussions with community members and professionals, focus groups, questionnaires, audience interviews, notes, video and audio recordings of workshop activities and general observation. Frequency counts of quantitative data were compiled and analyzed and content analysis was performed on qualitative data. Project outcomes are presented in regards to project participants, artists and audience members. The research questions is re-stated below:

How can participatory approaches in visual communication design help to educate youth in resource-poor areas about favorable responses to public health issues?

Youth participants

By having an impact on youth participants through increasing their self-confidence and self worth.

This was reported and observed relative to participants:

- Feeling more confident in public speaking
- Working with others, including fellow youth, designers and community members
- Expressing themselves, persevering and taking action
- Feeling more confident to stay in school or return to school
- Being members of a youth community
- Being peer leaders
- Being active community members

Questionnaire responses

All participants (35/35) stated that the workshops helped to increase their self-confidence.

Additional participant responses

The following additional statements (from focus groups and questionnaires) also relate to participant self-confidence and self worth.

Personally I'd like to thank you Leslie for getting us involved in the project ... and all your efforts that in a way I believe have made me important to the community and the youths.

Knowledge is power and since I've acquired that (through the workshops) it definitely makes me more confident.

"I NOW EVEN LOOK OUT
ON THE ADVERTS ON THE
STREET AND EVALUATE HOW
EFFECTIVE THEY ARE.
I AM BETTER."

"I LEARNT SKILLS OF
COMMUNICATING TO OTHER
PEOPLE WITHOUT SAYING
ANY WORD LIKE THROUGH
THE DESIGN OF MESSAGES
EVEN DESIGNING LOGOS
AND SYMBOLS."

**"I LEARNT COMMUNICATION
SKILLS, I LEARNT BEING
EXPRESSIVE, I IMPROVED
MY DRAWING SKILLS ... AND
ALSO HOW TO DESIGN A
MESSAGE THAT CAN ATTRACT
A TARGET GROUP."**

By having an impact on youth participants through increasing their ability and willingness to design public health messages.

This was reported and observed relative to participants:

- Expressing ideas
- Thinking creatively
- Developing, testing and evaluating concepts
- Believing that they can (confidence)

Questionnaire responses

Participants felt that having taken part in the workshop series, they are more willing to design messages in the future (35/35) and better able to design messages (35/35).

Additional participant responses

The following additional statements (from focus groups and questionnaires) also relate to participants' abilities and willingness to design public health messages.

No one can clap with one hand ... working with other people is a skill I also got. I had the idea that I couldn't draw but that can't stop me because he can draw so I'll take him with me and we'll make it.

Participating in looking for the venue helped me to learn how to approach administrators.

I learnt how to be accountable to a group.

The fact that we were also given a chance to do the painting— I thought the artists were going to do it ... we'd just maybe help them pass the paint and things like that but the fact that we were given the chance to touch the brushes and paint I got so amused and I also felt like yes I can also paint!

The combination of us with these artists showed me that really we can produce something ... we have ideas and they have the drawings we can have something to offer to the people...

I learnt how to live in a society as a good example to others. I learnt how to design logos, symbols and drawings. I learnt how to act. I learnt how to also paint. And all these together widen my knowledge and capacity of understanding.

Improving on my communication skills I learnt how to express myself.

It was so educative it increased my ideology of art and design.

I am willing (to design messages in the future) because now I've the belief and courage.

"I NOW SEE MYSELF AS A
PEER COUNSELLOR AND I SEE
MYSELF OF USE TO OTHERS."

**"WE ARE NOT GOING TO
WAIT FOR MATURE PEOPLE TO
CHANGE THE COMMUNITY,
BUT WE AS THE YOUTHS ARE
THE ONES THAT ARE GOING TO
CHANGE OUR COMMUNITY."**

*By having an impact on youth participants through
increasing their interest and motivation to take part in
community projects.*

This was reported and observed relative to participants:

- Seeing themselves as peer leaders
- Believing that they can (confidence)
- Making commitments to do so

Additional participant responses

The following additional statements (from focus groups and questionnaires) also relate to participant interest and motivation to take part in community projects.

I remember on the first day Leslie came here we wanted even to fight we didn't know where this thing would end ... If I can reflect back to where we have been and where we've come, it started in tears, but we have built something that is going to put a big implication on our community I know what she came with the seeds that will stay here for years.

Where I am doing my internship there is funding to develop messages about child labour ... you taught me so now I am passing it on.

"THE PROBLEMS THAT I
THOUGHT ARE MINOR
WERE BROUGHT TO MY
UNDERSTANDING AS MAJOR."

"I LEARNT THAT BUYING
PROSTITUTES IS NOT A
SOLUTION FOR LOVE AND YOU
CAN EASILY GET DISEASES
LIKE AIDS."

**"I CAME TO THE VIEW THAT
ONE PROBLEM CAN LEAD TO A
SERIES OF OTHER PROBLEMS ...
FOR EXAMPLE HIV CAN LEAD
TO DOMESTIC VIOLENCE AND
VICE VERSA ... SO NO PROBLEM
IS BIGGER THAN THE OTHER."**

By having an impact on youth participants through increasing their awareness of the public health issues discussed.

This was reported and observed relative to participants:

- Understanding that magnitude of problems (they are bigger than they thought)
- Realizing that most problems affecting youth are related to sexual behavior and that they have the power to decide for themselves how to behave
- Realizing that prevention is better than cure and that they are in control
- Realizing that problems are connected

Questionnaire responses

All participants (35/35) stated that their own awareness of the public health issues discussed increased.

Additional participant responses

The following additional statements (from focus groups and questionnaires) also relate to participants' awareness of the public health issues discussed increased.

I got a knowledge of prevention is better than cure.

I have learnt that materialistic love is not the right way to live most of the problems facing the youths are sexual so I think that I should decide for myself what I like — and that I should decide something good that can be an example to others.

Me too myself I learnt that materialistic love is dangerous, it is never true.

"I AM VERY VERY VERY PROUD
—ITS ON ONE OF MY FACULTY
BUILDINGS—LAST TIME
I PASSED THERE WERE GIRLS
LOOKING AT IT AND I WAS
LIKE CAN YOU IMAGINE THAT
WE PAINTED THAT?"

**"EVERYWHERE I GO I SHARE
THE IMAGE OF SELF WORTH
ON MY PHONE AND SAY
'YOU GIRLS SHOULD HAVE
'SELF WORTH' AND I'M SO
PROUD. I TELL PEOPLE
I'M THE ONE WHO PAINTED
IT AND I WILL KEEP IT ON
MY PHONE."**

*By having an impact on youth participants by creating
a sense of project ownership and a feeling of pride.*

This was reported and observed relative to participants:

- Expressing surprise by what they were able to accomplish
- Telling people that they did it (the painting), spreading the message
- Feeling a sense of membership in a group and ownership of the outcome

Questionnaire responses

All participants (35/35) felt that they made a valuable contribution to the final outcome (painting).

Additional participant responses

The following additional statements (from focus groups and questionnaires) also relate to participants' notions of project ownership and feelings of pride.

Whenever I pass there I feel proud I even tell them that we are the ones that did that, 'you are lying you are a boda boda guy you can't do that then I assure them.

I am proud to be part of the people that are communicating pc aiming at changing behavior. Every time I pass there I find people looking at it, turning and reading what is there.

"IF WE'VE GOT SKILL AND
EVERYTHING WHY CAN'T
WE DO IT ON OUR OWN?
WE CAN."

"AS WE'VE MADE AN
ORGANIZATION OUT OF THIS ...
AND A LOT OF PEOPLE WANT
TO JOIN, I THINK IT IS THE
RIGHT TIME NOW FOR THEM
TO JOIN AND TAKE PART ...
WE CAN MAKE SOMETHING
MORE BETTER THAN THAT."

**"WE HAVE OPENED UP A
YOUTH GROUP WHICH IS
AIMED AT PASSING ON
MESSAGES SO THE SKILLS
WE HAVE ACQUIRED AND
THE EXPERIENCE WILL TAKE
US THROUGH A PERIOD
AS WE ACQUIRE MORE."**

By having an impact on youth participants by empowering them with new knowledge and the confidence to transfer it to others.

This was reported and observed relative to participants:

- Feeling as though they are trained and empowered to share knowledge with others
- Believing that they can (confidence)
- Understanding that they can design messages for their community themselves
- Opening their minds to the idea of working with artists to develop messages and the realization that they don't need all the skills if they can identify them in others

Additional participant responses

The following additional statements (from focus groups and questionnaires) also relate to participant empowerment and their knowledge and confidence to transfer it to others:

I appreciate that we took simple stages to accomplish ... I feel that I can stand up on my own and form a group and be able to implicate such messages in the future.

Maybe we don't have to look for jobs from the super markets if we can get together and put people together and use the knowledge we have, because the competence base we have, if we can put it together we can get jobs and impact our communities. So after this we would like to share the vision and outcome of this.

We pledge to build a foundation of participatory design for public health education messages beyond to the rural communities in Uganda. Thanks for the opportunity of thinking together.

As ACYCs we are going to try to look for some paint and get permission to do the painting so now we are going to go to different communities in Uganda.

I know that I am helpful to other youths due to the drawings (message which is now encouraging other youths).

"UNLIKE OTHER WORKSHOPS
WHERE YOU GO AND FIND
OTHER BIG PEOPLE OUTSIDE
YOUR AGE BRACKET
DOMINATING THE WHOLE
THING—GIVING THEIR
OWN IDEAS AND MAYBE YOU
JUST HAVE TO COME IN AND
SUPPLEMENT—BUT YOU GAVE
US A CHANCE TO INTERACT
AND THEN GIVE WHAT
WE THINK."

**"I LIKED THE WAY WE
TALKED ABOUT THE SHARED
PROBLEMS THAT PEOPLE FACE
PERSONALLY ... WE INTERACTED
AS A GROUP ... WE WERE
SO FREE TO TALK ABOUT
ANYTHING, THE WAY IT IS."**

By having an impact on youth participants by creating of a 'safe zone' where they feel comfortable to be themselves and express themselves freely.

This was reported and observed relative to participants:

- Believing that youth communicate best to other youth
- Believing that peer-to-peer communication works best when it comes to education about health

Additional participant responses

The following additional statements (from focus groups and questionnaires) also relate to participants feeling comfortable to be themselves and express themselves freely:

The workshop was really at home ... even the way we were given chances ... everyone participated.

What I have enjoyed most is the respect we have been giving one another and the cooperation so I hope we are going to stay with that spirit.

"THE ARTISTS WERE SO COMMITTED THEY DIDN'T LEAVE US ALONE ... THEY CAME UP TO THE END, THEY WERE WITH US."

"I GOT A CHANCE TO SHARE WITH OTHERS MY PROBLEMS AND THEY SHARED WITH ME THEIRS SO WE GOT THE CHANCE TO CARRY THE BURDEN TOGETHER SO I AM NOT ON AN ISLAND ALONE ... IT WAS BEAUTIFUL THAT WE HAD TO COME TOGETHER TO FIND THE SOLUTIONS TO THESE PROBLEMS."

"I NOW BELIEVE THAT MOST OF THE PROBLEMS AFFECTING ME ALSO AFFECT OTHERS."

By having an impact on youth participants by creating a feeling of not being alone, having a support system.

This was reported and observed relative to participants:

- Having been exposed to other youth, helping them to feel part of a larger community of youth in similar circumstances
- Understanding that they are not alone, that their problems are shared

"IT HAS BUILT A
RELATIONSHIP BETWEEN US
AND OTHER YOUTH."

**"OTHER YOUTHS ARE COMING
TO ME ASKING, AS IN
APPRECIATING, EVEN THE BIG
GUYS ARE SAYING 'HEY YOU
GUYS YOU DID A GOOD JOB
THANK YOU' AND THEY ALSO
WANT TO TAKE PART IN IT—
THAT'S SO GOOD."**

*By having an impact on youth participants through
community-building.*

This was reported and observed relative to participants:

- Developing friendships and collaborations with other youth from all social strata (various poverty and education levels)
- Developing working relationships with other community members including community leaders and professionals
- Being acknowledged in the community for their positive contribution (painting)

"WHEN ANYONE TALKED ABOUT PUBLIC HEALTH I THOUGHT OF BORING THINGS ... PUBLIC HEALTH MESSAGES ARE NOT LIKE AN ADVERT FOR A NEW PRODUCT ON THE MARKET SO I'VE LEARNT TO INCORPORATE ARTISTIC SKILLS INTO PUBLIC HEALTH MESSAGES TO COME UP WITH SOMETHING INTERESTING THAT CAN ATTRACT PEOPLE TO THAT MESSAGE THE SAME WAY NEW PRODUCTS ATTRACT PEOPLE ... SO I'VE LEARNT A LOT."

"WELL, I DON'T USUALLY WORK ON PROJECTS ABOUT HIV/AIDS SO WHEN THE CHANCE CAME I TOOK IT. AIDS AFFECTS MY COMMUNITY BADLY SO USING MY VISUAL SKILLS TO HELP WAS AN AMAZING IDEA."

Artists

By having an impact on artists by helping them to discover that they can apply their skills to designing public health messages.

This was reported and observed relative to artists:

- Being exposed to the notion of designing health messages
- Changing their attitudes about how they can use their artistic skills by realizing it can be exciting and fun to develop public health messages (as opposed to boring)

Additional artist response

The following additional statement (from a focus group) also relates to artists' understanding that they can apply their skills to designing public health messages:

Initially before this project started I didn't know that such a field existed that we can explore and help other people learn, other people get the message. The way we did it is totally different from how it is done in Uganda, in Kenya, anywhere else and I've really liked this thing because when everyone looks at it and see that this is something original ... this is something with a great great message ... everyone is like this thing it is beautiful its having a message.

"THESE ARTISTS WERE SO GRATEFUL TO US ... THEY SAID THAT THEY'D NEVER DESIGNED ANY HEALTH MESSAGES ... THEY APPRECIATED THAT AT LEAST ONCE IN THEIR LIVES THEY WERE SOCIAL WORKERS WHICH WAS SO GOOD."

"IN MOST CASES WHEN YOU SAY PUBLIC HEALTH ALL I CAN THINK ABOUT IS HIV/AIDS, BUT ACCORDING TO THE WORKS WE DID ... EARLY SEX, EARLY PREGNANCY ... IT BROUGHT IN MY MIND THE PUBLIC HEALTH SECTOR ... NOW I UNDERSTAND I CAN COMMUNICATE MORE, VISUALLY."

By having an impact on artists by expanding their understanding of public health issues.

This was reported and observed relative to artists:

- Interacting and engaging with participants to better understand their public health messages in order to develop corresponding visuals
- Realizing that there is a large number of public health issues that effect them, more than they had previously thought

"THROUGH THIS PROJECT
MY ARTISTIC SKILLS
IMPROVED AND THE
IMPORTANCE OF WORKING
AS A TEAM HAVE BEEN
IMPARTED TO ME."

**"I HAVE GOT THE
OPPORTUNITY TO WORK
WITH EXPERIENCED
DESIGNERS, THE COMMUNITY
AND FELLOW STUDENTS ...
WE HAVE NOW BECOME
VERY GOOD FRIENDS.
I AM EVIDENTLY NOT
THE SAME."**

By having an impact on artists through their gaining of practical design experience, improving their design skills.

This was reported and observed relative to artists:

- Feeling more confident in designing messages
- Learning to work in a collaborative environment toward design solutions
- Learning to apply their skills to designing large-scale paintings

Additional artist responses

The following additional statements (from a focus group) also relate to artists' gaining of practical design experience, improving their design skills:

I have learnt to work with different people more.

Understanding and getting more insights on concept development
— less is more concept.

From the day we started making sketches everyone was contributing
I also enjoyed the first mural we did ... when we managed to accomplish
that it gave me more guts to do other works.

"I REALLY NOTICED THE
PAINTING AND WAS ACTUALLY
TOUCHED."

**"AMAZING, INTERESTING
AND ATTRACTIVE."**

"I NOTICED IT SOME A WEEK
AGO AND I WAS REALLY
TOUCHED."

Youth audience

By having an impact on the youth audience as shown by their attraction to the paintings.

This was reported and observed relative to members of the youth audience:

- Noticing the painting and being "touched" by it
- Expressing praise for the painting and its message

"IT SHOWS PEOPLE WHO ARE
STARTING A RELATIONSHIP,
GOING TO BLOOD TEST,
NEXT THEY ARE BEING TESTED
AND RECEIVING RESULTS."

"A PARTICULAR PERSON
IS USING HIS MATERIAL
GAINS OR PRODUCTS TO LURE
OTHERS ATTENTION HENCE
TRYING TO BUY LOVE."

"COUPLES ARE GOING FOR HIV
BLOOD TEST, THE SECOND
PHASE THEY ARE BEING TESTED,
THEN DISCLOSURE OF RESULTS."

"IT SHOWS THAT MEN SHOULD
GO WITH THEIR PARTNERS FOR
BLOOD TEST."

"IT PORTRAYS THE IMPACT OF
CROSS-GENERATIONAL SEX
AND ITS CONTRIBUTION TO
HIV/AIDS."

**"IT PORTRAYS THE IMPACT OF
CROSS-GENERATIONAL SEX
AND ITS CONTRIBUTION TO
HIV/AIDS."**

*By having an impact on the youth audience as shown by
their ability to accurately describe the paintings.*

**This was reported and observed relative to members of the
youth audience:**

—Accurately describing the message for each of the paintings

"THE MESSAGE IS EASY TO UNDERSTAND BECAUSE THESE ARE THINGS HAPPENING IN OUR COMMUNITIES AND MOST OF OUR YOUTHS ARE BEING TRAPPED INTO THE ACT."

"YEAH, IT SO SIMPLIFIED IN THAT A PRIMARY KID IS ALSO ABLE TO UNDERSTAND IT JUST LIKE I DO."

By having an impact on the youth audience as shown by their ability to easily comprehend the intended message in the paintings.

This was reported and observed relative to members of the youth audience:

- Expressing that the messages are easy to understand
- Expressing that the messages relate to the circumstances of their communities, helping to make the messages easy to relate to
- Demonstrating that they understand the message by articulating its meaning in their own words

Additional audience responses

The following additional statements (from interviews and questionnaires) also indicate that audience members can easily comprehend the intended message in the paintings:

The message teaches a lot because in the picture a lady is being showed denying the gifts or material being held by a man so it means that true love can never be bought.

My impression was the awareness of having self respect as a girl child about the intentions behind the rich men at campus who come in the name of giving favors but when they love sex.

It is a great picture communicating to young people about valuing their lives ahead of money.

I was so impressed with the painting because it shows fellow youth colleagues the dangers of early sex.

"IT HAS MADE MANY YOUTH
GO FOR BLOOD TEST THAN
BEFORE IT WAS PUT UP."

"THE LECTURERS INVOLVED
IN CROSS-GENERATIONAL SEX
WERE ANNOYED BY THE
PAINTING MEANING THAT IT
TOUCHED THEM."

**"I HAVE A LOVER WHOM I'M
PLANNING TO MARRY IN
DECEMBER, BUT WHEN I SAW
THE PAINTINGS, THOUGH I
DON'T KNOW TO READ, IT
ENCOURAGED ME FOR TESTING."**

By having an impact on youth audience as shown by their belief that the messages have the potential to increase awareness about the topic, or lead to behavioral change.

This was reported and observed relative to members of the youth audience:

- Expressing that their own attitudes or behaviors have changed in response to the message
- Believing that the messages have influenced the attitudes and behaviors of others in their communities
- Believing that the messages have the potential to change the attitudes and behaviors of others in their communities

Additional audience responses

The following additional statements (from interviews and questionnaires) also relate to audience belief that the messages have the potential to increase awareness about the topic, or lead to behavioral change:

I think it will definitely lead to an increase of awareness about

Questionnaire responses (participants)

All participants (35/35) felt that the messages were designed by youth will have an influence on how they are perceived by other youth.

"IT APPEALS TO ME
BECAUSE I'VE LEARNT THE
CONSEQUENCES OF BEING
INVOLVED IN A RELATIONSHIP
WHILE STILL IN SCHOOL."

"I HAVE LEARNT THAT
ENGAGING IN SEX BEFORE
MARRIAGE CAN LEAD TO
SCHOOL DROP OUT, EARLY
IMPRISONMENT AND EARLY
PREGNANCY."

"I HAVE LEARNT A LOT FROM
THE MESSAGE AND IT WILL
HELP ME TO FINISH MY
STUDIES."

**"I HAVE LEARNT THAT
WHEN I WANT TO START A
RELATIONSHIP I SHOULD
FIRST GO FOR BLOOD TESTING
WITH MY PARTNER."**

*By having an impact on the youth audience as shown by
an increase of awareness of the issues addressed.*

**This was reported and observed relative to members of the
youth audience:**

—Expressing that they have learned how specific acts can lead to
specific health-related or non-health related consequences
(i.e. early sex can lead to pregnancy, early sex can result in
school drop out)

"IT'S FROM MY COMMUNITY
BECAUSE THESE THINGS ARE
HAPPENING AMONG OUR
YOUTHS THAT'S WHY THE CASE
OF CROSS-GENERATIONAL
SEX IS RAMPANT."

**"IT IMPRESSED ME BECAUSE IT'S
ONE OF THE REAL PROBLEMS
THAT IS IN OUR LOCALITY."**

*By having an impact on the youth audience as shown
by their perception that the messages came from within
their communities.*

**This was reported and observed relative to members of the
youth audience:**

—Expressing that the message depicted relates to the
circumstances of their community

—Expressing that they had observed the message being painted

"I WOULD VERY MUCH BE
INTERESTED (IN DESIGNING
SIMILAR MESSAGES) BECAUSE
IT HELPS A LOT."

**"ITS UP TO US TO STOP
CROSS-GENERATIONAL SEX
AND IT'S THE SAME US THAT
ARE SUPPOSED TO HELP
OTHERS TO GET TO KNOW
ABOUT IT."**

*By having an impact on the youth audience as shown
by their interest in participating in designing similar
messages.*

**This was reported and observed relative to members of the
youth audience:**

- Expressing that youth have a responsibility to help fellow youth
to understand the issues addressed
- Expressing that they would be interested to take part in related
activities because they think such projects are helpful to
the community

"I LEARNT HOW TO
BE ACCOUNTABLE TO A GROUP."



Strategic partnership: participants and artists

"THE COMMUNITY IS VERY
HAPPY... HAVING KNOWN
THAT I WAS PART OF THE GUYS
PAINTING THEY WERE TELLING
ME EVERY STUDENT LIKED THE
PAINTING AND THAT IT HAS
BEEN THE TALK OF THE SCHOOL
... THEY WERE DISCUSSING
THESE THINGS IN THE SCHOOL
COMPOUND, THAT EVERYONE
IS CONCERNED, THEN I KNEW
THAT OUR PAINTING
IS SPEAKING."

**"IT HAS BUILT A RELATIONSHIP
BETWEEN US AND OTHER
YOUTH."**

DISCUSSION

Responses to the approach

A number of participatory and communication approaches were used throughout this project, including building community, active participation, peer-to-peer communication and consensus-building. The effectiveness of these approaches are discussed, highlighting examples of participant responses to each approach.

Building community

The following themes relative to building community were derived from participant responses and general observation:

- Helps to create partnerships between fellow youth
- Helps to bridge gaps between youth and other members of the community including professionals and community leaders
- Helps to create a sense of membership to a community

"I HAVE REALIZED
THAT I CAN CONTRIBUTE
GREATLY TO AN ACTIVITY.
ACTIVE PARTICIPATION
HAS HELPED ME BUILD
MY BOLDNESS."



"THE WORKSHOP WAS
REALLY AT HOME ...
EVEN THE WAY WE WERE
GIVEN CHANCES ...
EVERYONE PARTICIPATED."



**"MY FAVORITE ASPECT WAS THE
PARTICIPATORY APPROACH TO
SOLVING PROBLEMS—THE WAY
WE GOT TOGETHER AND TALKED
AND SHARED ABOUT ISSUES—
I LOVED THAT EVERYONE HAD A
CHANCE TO PARTICIPATE AND
CONTRIBUTE THEIR VIEWS."**

Active participation

The following themes relative to active participation (or active learning) were derived from participant responses and general observation:

- Helps to build participant confidence
- Helps to make participants feel comfortable expressing themselves
- Helps to build tolerance and respect of others and their opinions

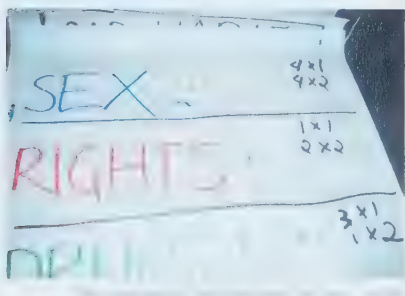


“YOUTH UNDERSTAND YOUTHS DIFFERENTLY. THERE ARE UNIQUE SECRETIVE MESSAGES AMONGST YOUTH THAT OTHERS WOULDN’T TALK ABOUT. PEER-TO-PEER TALK WORKS BEST.”

Peer-to-peer communication

The following themes relative to peer-to-peer communication were derived from participant responses and general observation:

- Helps to gain access to youth expression
- Helps to implicate participants by giving them responsibility to take action
- Facilitates the testing of messages among fellow youth



“I HAVE ATTENDED OTHER WORKSHOPS WHERE THERE IS A LECTURER AND YOU LEARN A, THEN B, AND THEN C ... HERE WE WERE DEVELOPING A SOLUTION OUT OF WHAT WE FELT AND THIS APPROACH IS BEST... IF THE YOUTH ARE PUT TOGETHER TO MAKE MESSAGES THEY MAKE THEM OUT OF THEIR HEARTS ... THESE MESSAGES CAME OUT OF CONSENT.”

Consensus-building

Consensus-building was not an approach outlined in the section ‘background, participatory approaches,’ however, it was an approach that was used in order to implicate participants in project decisions.

The following themes relative to consensus-building were derived from participant responses and general observation:

- Helps to ensure that all participants take part in decisions
- Helps to encourage discussion, allowing both sides of an argument to be heard

"THERE IS A GUILT I
HAVE BEEN STAYING WITH
THROUGHOUT THE PROJECT ...
THE FACT IS, I WAS GOING TO
TRASH THE WHOLE THING ...
BUT AT ONE TIME YOU GUYS
INVITED ME TO WORK ON THE
'SELF WORTH' CONCEPT AND
IT WAS REALLY INTERESTING
AND I FOUND MYSELF STAYING
MORE AND MORE ... I REALLY
LIKED THE EXPERIENCE."

"WE ARE THE VERY PEOPLE
THAT HAVE MADE THINGS
HAPPEN, SINCE YOU'VE
TAUGHT US NOW WE CAN
GO AHEAD AND DO IT ON
OUR OWN."

Personal stories

The following are stories of individuals and their participation relevant to the project. They are included as insights into the impact of the project at a personal level.

Artist

The first Makerere student to volunteer to join the participants to help develop their chosen concepts into effective visual communications was exceptional. Although he began volunteering with the TASO ACYC group, he ended up working with all three Kampala groups. A number of designers contributed to each of the final visuals for these three projects, however, in each case it was this designer's sketches that were chosen by the participants to be developed into the painted messages. In addition, sketches that he made in the initial in-class workshops at Makerere University inspired two of the three final paintings executed by the MUWRP group in Kayunga. In addition to this designer's remarkable ability to transform concepts into appealing visuals, he also demonstrated a very high degree of professionalism throughout the projects. Since his involvement in this project he has obtained several design contracts in Kampala, including two painting projects and a contract designing icons for health communications.

Kayunga participant

One particular participant from the MUWRP group in Kayunga proved to be a leader from the beginning of the collaboration. For each workshop, she was there early helping to set up and mobilize the group. During the workshops at Makerere she stood up in front of over 100 students to present the MUWRP Kayunga Youth Center and their project to the class. Finally, she worked to develop the final drawings for all the concepts that were painted in Kayunga, making this group the only one that finalized its visuals without the help of artists. The staff at MUWRP were so impressed with the initiative this staff member took that they agreed to provide the necessary financial support for her to work with the other participants to develop and paint a fourth painting on their own. Furthermore, she has recently received a promotion.

“WORKSHOP INVOLVEMENT
HELPED IN MANY WAYS.
IT HELPED TO REGAIN MY
MEMORY ABOUT SCHOOL —
AND I REALIZED THAT I
COULD AT LEAST MAKE IT
IF I GO BACK TO SCHOOL
BECAUSE I WAS INVOLVED
IN DESIGNING MESSAGES FOR
SCHOOLING GUYS AND BIGGER
YOUTHS THAN ME. IT GAVE ME
MORALE AND BOOST TO GO
BACK TO SCHOOL.”

Namuwongo Youth Group member

One of the youngest project participants was only fifteen. He was one of the most dedicated and motivated participants and he learned very quickly. During the workshops at Makerere University, he was confident enough to share his concepts and ideas with the much older University students. Unable to pay his school fees, he had dropped out of school before we began the workshops. He has reported that the workshops and now his ongoing membership in the Namuwongo Youth Group have helped to motivate him to work harder in order to obtain school fees to go back to school. He is presently in senior three (the equivalent of about grade 10) and an active member of the NYG.

Namuwongo Youth Group member

This participant was responsible for mobilizing the group in Namuwongo. He represented his group during the Makerere workshops, presenting in front of over 100 students, and when we hosted a party at the end of all the workshops, he volunteered to be the Master of Ceremonies. He also designed the logo for the NYG and has demonstrated impressive skills in both break-dancing and acting. An exceptional leader, he is a driving force behind the newly founded Namuwongo Youth Group. Recently, he has reported that the NYG set up a community outreach initiative, testing over 400 community members for HIV.

“I LEARNT HOW TO LIVE IN
A SOCIETY AS A GOOD
EXAMPLE TO OTHERS.
I LEARNT HOW TO DESIGN
LOGOS, SYMBOLS AND
DRAWINGS. I LEARNT HOW
TO ACT. I LEARNT HOW TO
ALSO PAINT. AND ALL THESE
TOGETHER WIDEN MY
KNOWLEDGE AND CAPACITY
OF UNDERSTANDING.”

Challenges

Over 50 youth participants, a design class of over 100 students (including the fifteen who took part in subsequent workshops), four research assistants and professionals from at least 20 institutions took part, at various levels, in this project. Over 40 workshops were facilitated, six paintings were produced, and five focus groups were conducted. Most challenges that were faced had to do with managing people. Other challenges related to workshop logistics—ordering or preparing refreshments, finding change for transport reimbursements, obtaining the necessary permissions to execute each painting, etc. Of the numerous challenges, only those most relevant to the execution of future participatory design projects are elaborated below.

Accessing genuine participant expression

In Ugandan culture it is quite common for youth to learn through processes of memorization and repetition through a system that seems to be more focused on discourse than dialogue. For example, the artists that took part in this project attend classes at Makerere University with over 100 other students. Their instruction is based on lectures and exams, many of which are multiple choice. When workshops were conducted in collaboration with a first year design class, students reported that it was the first time that they worked on a collaborative project. At the MUWRP Kayunga Youth Center, staff, some of whom took part in this project, are trained as HIV/AIDS counselors. As a result, they have been taught the ‘A, B, C’ approach (abstinence, be faithful and use condoms) to HIV/AIDS prevention. Introducing participatory approaches within this context was at times challenging. For example, since the counselors already knew a response to HIV/AIDS prevention and as such it was difficult to get them to explore other solutions, such as those that came from their own experiences.

It is important to note that this same challenge was not evident in the case of the Namuwongo project. These participants had no prior exposure or training in HIV/AIDS counseling or any other community or health-related training. Many of them are no longer in school. This turned out to be an advantage in that they had few or no rehearsed or memorized responses to offer. In this way, it seemed much easier to gain access to their own personal perspectives and responses to the issues addressed.

Facilitating collaborations with local artists

Recruiting local artists was not a challenging endeavor in itself. The youth artists who collaborated on this project were eager, willing and dedicated. Determining when and how to do so, or even if it was appropriate to do so, however, was challenging. Conducting a pilot collaboration with artists during the preliminary visit to Uganda indicated that working with artists could help in the development of messages while providing opportunities for the artists to become trained in designing public health messages. When this possibility was discussed with public health workers involved in the mobilization of youth groups, it was not looked upon favorably. It was suggested that the youth participants would benefit most from learning to design the messages on their own. For this reason workshops were initiated without the involvement of local artists. About half way through the workshops it began to become apparent that some of the youth groups were less interested or less confident in creating visuals as they were in developing concepts. Around this same time an opportunity arose to collaborate with a Makerere design instructor to conduct in-class workshops with his artists. These workshops sparked interest among participants to continue working with the artists. Artists remained involved in the workshops through to the end with three of the four youth groups. Although participants from the MUWRP Kayunga group attended the two in-class workshops, they did not continue to work with artists. This was due in part to logistical challenges, however, the collaboration was not pushed because the Kayunga participants showed a strong interest in developing visuals. In this case it seemed appropriate to help the participants to develop the messages themselves for their own concepts.

Collaborating with 'other stakeholders'

In order to collaborate with three of the four youth groups, partnerships were established with their associated organizations (MUWRP, TASO and a combination of the HCP, the AIC and YEAH). Challenges faced through these collaborations ranged from very few to many. The most effective partnerships were with organizations that understood and supported the 'for youth, by youth' approach to designing messages. Challenges arose when organizations attempted to impose their already existing messages.

Adapting to 'Ugandan time'

Notions of time and 'time keeping' are quite different in Uganda relative to Canada, for example. A typical workshop might 'begin' at 2h00, however, participants would usually start to arrive at about 2h30, some of them arriving as late as 4h00. Although attempts were made to encourage participants to arrive on time, it proved to be more realistic to plan for late arrivals. Activities were adapted to accommodate late arrivals while engaging those already present.

Being 'white'

It should be acknowledged that, whether fair or not, as a 'Westerner' or 'white' in Uganda, one is very often perceived as being 'different'—in various ways. The reality is that this can have benefits and disadvantages. The most notable disadvantage of being 'white,' as experienced in this project, is the perception that whites have a lot of money. One example should be sufficient to demonstrate how this can pose challenges. In Kayunga, the evening prior to painting day, it was arranged to project the images on the wall in order to trace their outlines. It was necessary to negotiate use of electricity from a local business owner in order to use the projector. Use of electricity for the evening was negotiated by a participant at the rate of 2,000 Ugandan shillings. Later, after completion of the tracing, the business owner demanded 20,000 shillings—ten times the negotiated amount. She insisted that because a 'white' was involved she should be compensated accordingly. In the end, the agreed upon amount was paid, however, nearly at the cost of a village brawl.

Dealing with social hierarchy

Once again, whether fair or not, youth in Uganda seem to rank low in terms of social hierarchy. This was apparent as youth participants attempted to approach building owners in order to inquire about permission to paint messages on their buildings. On several occasions youth participants reported that they were chased away by domestic staff or otherwise brushed off while attempting to make contact with building owners or representatives. Although it was hoped that the participants could take on the task of negotiating the use of wall space it became necessary in almost all cases to intervene. Although race was not the only factor, it seemed as though being 'white' in these cases helped to facilitate negotiations with building owners or representatives.

Initial guidelines and considerations

The following themes resulted from general observation and content analysis. They can be useful as initial guidelines and considerations for a 'for youth, by youth' approach to designing public health messages in resource-poor areas.

Mobilizing participants

- Working with an already existing youth group, as opposed to mobilizing a new group, does not seem to be more advantageous. Mobilizing a new group in a localized area seemed to create potential for ongoing and sustainable group activity
- Groups that are united by a shared locality, such as their neighborhood, school or place of work, seemed to have increased potential for ongoing and sustainable group activity
- Accessing genuine participant expression seems to be easiest among participants who have had little or no previous 'training' related to public health messages
- Group sizes should be limited (groups of nine to fifteen participants seemed to work best)

Identification of public health issues

In order to allow for maximum expression, participants should be actively involved in the identification of the public health issues to be explored. If topics that are somewhat narrower than 'public health issues' are presented as starting points, they should be broad and simple in language. For example, the topic of 'sex' was a 'hot topic' among the four youth groups, leading to a range of youth-identified smaller topics including 'transactional love' and 'self worth.' Imposing topics that are not simple in language, such as 'domestic violence' seemed to limit participant expression.

Choice of design tools

- Tools should be easy to use, accessible and cheap
- Use of recycled materials such as paper, cardboard, rags and containers should be encouraged
- Sponsorship or reduced rates should be sought for costly materials such as paint in order to increase potential for sustainable activities

Creating a space for free expression

Workshops should be a comfortable, accepting and tolerant environment. Participants should be encouraged to express themselves in a space where there are no right or wrong answers. Various warm-up activities, games and exercises can help to facilitate participant expression and comfort.

Establishing trust

It should be clear from the beginning that the proposed project is a partnership whereby all stakeholders have the opportunity to benefit. For example, participants could receive a 'training' opportunity, while in return, the facilitator gains experience or an opportunity to conduct research. If data collection is required for research purposes this must be made clear. Establishing an equal and balanced relationship with a mutual understanding that both sides (the participants and the researcher) will benefit is critical.

Collaborating with local artists

Collaborating with local artists can inform design responses and facilitate youth-to-youth learning, in cases where the artists are also youth. These collaborations should be negotiated with project participants according to their preferences and circumstances. The following points should be considered:

- Collaborations based on locality increase potential for sustainable relationships
- In terms of selecting artists a willingness to learn should carry more weight than experience or 'talent'
- It can be an advantage if the artists are also youth as this facilitates youth-to-youth communication
- If participants express interest in developing visuals themselves this should be considered, especially if time is available
- Facilitating collaborations with artists can provide increased opportunities for building community and youth-to-youth communication

Assessing messages

Assessment of messages should be based on peer responses. Preliminary testing can take place in workshops among participants. Messages should also be tested on other members of the audience. This can be done informally by the participants inside or outside of workshops. Messages should also be assessed by public health experts assuring accuracy of information.

Limitations

This study was exploratory, resulting in initial guidelines and considerations for youth-to-youth communication and sensitization. Attention should be drawn to the following weaknesses of the study:

- Testing of the final messages could have been done with more control. For example, tests were administered by different research assistants and participants for each group. Interviews and questionnaires with audience members were administered by the participants themselves, with assistance from research assistants (instructions, guidelines and questions were provided). This was done in this way for two reasons; to give participants the opportunity to learn through active participation in the feedback process and to avoid the presence of an 'outsider' during the feedback sessions, who could have influenced their responses or led to requests for money in exchange for their responses.
- This study was limited to four youth groups, three of which were located in urban locations of Kampala. Plans were made to work with a additional youth groups in more rural areas in Gulu and Kabarole, however, these were cancelled because of time constraints and in favor of focusing more on assessing audience responses in the first four groups. More workshops in rural areas would have led to outcomes more reflective of Uganda's diversity.
- It is believed that participation in the workshops led to the embodiment of the messages within the participants, leading to further discussions about the topics with their peers, hence spreading the message further. Due to the challenges of measuring word-of-mouth impact it is impossible to know the full extent to which these messages were effective in the community.
- A number of areas of research that were not explored for this study share similar ideologies to participatory design. These include popular theatre, participatory action research, citizenship and development education, indigenous knowledge, critical pedagogy in education, ethnography and feminist research. Further exploration of such areas could certainly inform this kind of study.

CONCLUSION

Toward design as a process for embodied change

Re-positioning design as an inclusive and heuristic process has led to the exploration of a vision for a community-driven design practice. In particular, emphasis is shifted away from the visual “means” for solving a design problem toward the acknowledgement of youth potential and the collective ability of youth groups to identify and respond to real problems. Through open dialogue and creative expression, public health issues are reinterpreted and rethought by youth participants inspiring collective reactions within their own communities.

The seeds for awareness change are planted in the process itself, which is both engaging and educational. Consensus building is used to achieve culturally appropriate and youth-centered design solutions. Benefits of this approach include an increased sense of cultural ownership of the initiative among the community, an increased awareness among the participants of the issue being addressed and the introduction of design principles and techniques to the participants. The impact on the community, over the long term, can go even deeper as a result of the experiences gained by the participants. The acquisition of knowledge, as well the opportunity to nurture creative expression, can empower the participants for life-long learning, helping them to become ongoing agents of change.

Rethinking design as an empowering process—one that can lead to the embodiment of attitudes and behavioral change within a community—provides exciting possibilities for the future of design. A fundamental challenge will be in making this approach accessible to those who could benefit the most, and this is an interdisciplinary design problem in itself.

Future research

Through this project, the design process has been opened up and presented to youth as an opportunity to learn design skills while helping fellow youth to respond to the public health problems that concern them most. By unleashing the potential of participating youth, an ongoing dialogue evolved, leading to the identification and exploration of local health problems by the youth participants themselves. Resulting responses were elaborated through collaborations with local artists and then tested through peer-to-peer communication within the community. Final messages were reproduced by participants and artists as painted messages in the public space. The entire process was facilitated through an ongoing commitment to an ideology centered on community activation—one that prioritizes the needs and desires of the community while acknowledging its members' inherent potential to act as agents for change. The resulting paintings extend the dialogue initiated by the participants to onlooking youth. They act as conversation pieces, informing or reminding the youth of positive responses to problems they face in their community. To the participants, these paintings remain tokens of accomplishment, reminding them of their newly realized potential as peer-educators and role models. To the artists, the paintings mark a new understanding of their own potential to work collaboratively, using their artistic skills to help develop messages that have the potential to improve lives within their community.

As the facilitator of this project, I have had the privilege of learning from every youth that contributed—each in their own unique way. By observing these youth, I have come to understand that the most rewarding use of my own creativity is to use it to open up spaces for others to learn and express themselves about the issues that matter to them most. I am now committed to further exploring the possibilities of a community-driven approach to designing messages, including ways of making this approach more accessible to more youth. *A number of areas for continued research are listed to the left in figure 8.*

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Uganda National Council For Science and Technology

(Established by Act of Parliament of the Republic of Uganda)

Your Ref:.....

Our Ref:.....SS-21-10

Date:.....20/08/08

Ms. Leslie Lynn Robinson
Makerere University
P.O. Box 7072
Kampala

Dear Ms. Robinson,

RE: RESEARCH PROJECT, "PARTICIPATORY DESIGN FOR PUBLIC HEALTH EDUCATION MESSAGES IN UGANDA"

This is to inform you that the Uganda National Council for Science and Technology (UNCST) approved the above research proposal on **June 26, 2008**. The approval will expire on **March 26, 2009**. If it is necessary to continue with the research beyond the expiry date, a request for continuation should be made in writing to the Executive Secretary, UNCST.

Any problems of a serious nature related to the execution of your research project should be brought to the attention of the UNCST, and any changes to the research protocol should not be implemented without UNCST's approval except when necessary to eliminate apparent immediate hazards to the research participant(s).

This letter also serves as proof of UNCST approval and as a reminder for you to submit to UNCST timely progress reports and a final report on completion of the research project.

Yours sincerely,

Innocent Akampurira
for: Executive Secretary
UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

LOCATION / CORRESPONDENCE

Plot 3/5/7, Nasser Road
P.O. Box 6884
KAMPALA, UGANDA.

COMMUNICATION

TEL: (256) 414-250499, (256) 414-705500
FAX: (256) 414-234579
E-MAIL: uncst@starcom.co.ug
WEBSITE: <http://www.uncst.go.ug>



Uganda National Council For Science and Technology

(Established by Act of Parliament of the Republic of Uganda)

Your Ref:.....

Our Ref:.....SS 2110

Date:.....25/07/09.....

Ms. Leslie Lynn Robinson
Makerere University
P.O Box 7072
Kampala

Dear Ms. Robinson,

The Uganda National Council for Science and Technology (UNCST) has granted your request for approval to continue with the study entitled, **"Participatory Design for Public Health Education Messages in Uganda"** The approval will expire on June 26, 2009. If, however, it is necessary to continue with the research beyond this expiry date, a request for continuation should be made to the Executive Secretary, UNCST

The Resident District Commissioners of Kampala, Kabarle, Kayunga and Gulu District in which the study will be conducted are informed by copy of this letter, and are kindly requested to give you the necessary assistance to accomplish the study

Yours sincerely,

Leah Nawegulo
for: Executive Secretary

UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

LOCATION / CORRESPONDENCE

Plot 3/5/7, Nasser Road
P.O. Box 6884
KAMPALA, UGANDA.

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TEL: (256) 414-250499, (256) 414-705500
FAX: (256) 414-234579
E-MAIL: uncst@starcom.co.ug
WEBSITE: <http://www.uncst.go.ug>

Certificate of REB Approval for Fully-Detailed Research Proposal

Applicant:	Leslie Robinson
Department / Faculty:	Art & Design, Arts
Project Title:	Participatory Design for Public Health Education Messages in Uganda
Grant / Contract Agency (and number):	Alberta Foundation of the Arts Project Grant
(ASL REB member) Application number:	1793
Approval Expiry Date:	June 8, 2009

CERTIFICATION of ASL REB APPROVAL

I have reviewed your application for research ethics review and have concluded that your proposed research meets the University of Alberta standards for research involving human participants (GFC Policy Section 66). On behalf of the *Arts, Science & Law Research Ethics Board* (ASL REB), I am providing ethics approval for your proposed research.

You may begin research with human participants.

This research ethics approval is valid for one year. To request a renewal to cover research taking place after June 8, 2009 please contact me and explain the circumstances, making reference to the research ethics review number assigned to this project (see above). Also, if there are significant changes to the project that need to be reviewed, or if any adverse effects to human participants are encountered in your research, please contact me immediately.

ASL REB member (name & signature): Wayne Renke, ASL REB Chair, Vice-Dean, Faculty of Law



KABAROLE DISTRICT LOCAL GOVERNMENT

Tel: +256 483 22575 - District Health Officer (DHO)
Tele-Fax: +256 483 23043 – Secretariat
E-mail: ddhs.Kabarole@health.go.ug

Department of Health Services
Kabarole District
P.O. BOX 38,
FORT PORTAL

June 27, 2008

Dear _____

I am pleased to invite you to attend a one-day workshop next **Thursday, July 3**. The workshop will discuss participatory design of public health education messages and how this approach could be used in Kabarole. **The workshop will begin at 10 am and finish by 4 pm.** It will be led by Leslie Robinson, Master of Visual Communication Design Candidate from the University of Alberta, Canada. Lunch, refreshments and a reasonable transport refund at the public rate will be provided during the training.

Through a joint research project between the Institute of Public Health, Makerere University and both the Departments of Public Health Sciences (School of Public Health) and Art and Design, University of Alberta Ms. Robinson is developing **Participatory Design for Public Health Education Messages in Kabarole District**. She is hoping to develop a new approach to the design and production of public health education messages for the community, by the community, with input from public health specialists. This approach will focus on the participation of community members, through participatory design workshops and focus groups, as well as the recruitment of local talent, such as fine artists and fine art teachers. This approach will also use locally available and low-cost material resources for the production of the designed messages.

Ms. Robinson is asking for your support to help identify the public health issues of critical concern in the region, as well as the specific public health education messages that need to be communicated to the people of the region.

The workshop will address the following questions:

What are the critical public health issues in Kabarole District that could be addressed most effectively through the participatory design of IEC materials (are they about HIV/AIDS, malaria, TB, Bilharzia, environmental issues, etc.)?

What are the specific messages that need to be communicated and to which groups?

Workshop Series Participant Informed Consent Form

Participatory Design for Public Health Education Messages in Uganda

This workshop series is part of a joint research project between the Institute of Public Health, Makerere University and both the Departments of Public Health Sciences (School of Public Health) and Art and Design, University of Alberta (Canada). This project is part of a Master of Design thesis in Visual Communication Design, which will result in a design project, written support document and public exhibition. The aim of this workshop series is to provide feedback for future participatory design projects relative to public health education programs about issues including, but not limited to, HIV/AIDS and other sexual and reproductive health related topics. Results of the research may be disseminated through a thesis exhibition and report as well as future presentations and documents.

Your participation in the workshop series is voluntary and you may withdraw at any time without penalty (and have your data removed). The workshop series will include a maximum of 7 separate workshops (on separate days) and will take place during the period from March 16 to April 27, 2009. Each workshop will last no more than 6 hours. Activities will include (1) a presentation on the methodology of participatory design and potential scenarios for its application in Namuwongo (2) ice-breaker activities that address public health issues while exploring design techniques (3) discussions about the critical public health issues in Namuwongo as well as messages that need to be communicated (4) activities in which groups will develop and present potential design concepts and scenarios for analysis and discussion (5) the development and refinement of design concepts (mock-ups) (6) the assessment of mock-ups with members of the target audience (7) the execution of mural(s) (8) a project evaluation.

During discussions and activities your comments may be recorded through written notes or audio recordings. Your comments may be quoted in thesis documents or future presentations and papers, but will not include your name or identity (without your permission). Photographs and video and audio recordings will be taken of workshop activities, including participants. Only the photographs and recordings of participants who have given written consent may be used in thesis documents (or future presentations and papers). To ensure your anonymity, all research assistants associated with this project have signed confidentiality statements. There are minimal risks associated with participating in this study.

I _____ agree to participate as a member of a participatory design workshop series and as a respondent to questionnaires for the above research project conducted by Leslie Robinson and associated partners.

I understand that the workshop is part of a research project and that we will be discussing public health issues that include HIV/AIDS and other sexual and reproductive health topics, including sexual behavior, the consequences of becoming infected (in the case of HIV/AIDS) and different strategies and messages that could be communicated in order to increase awareness about these issues.

I understand that my responses to questions during the workshop may be recorded and included in research documents and future visual and verbal presentations, but that my name will not be used in any report related to this project without my permission. I will receive 2,500 shillings for travel expenses at each workshop, however, I may withdraw at any time during a session without penalty (and have my data removed).

(Please check, if appropriate)

☐ You have my permission to use images of me in written or visual presentations related to this study

☐ Yes, please use my name to credit my responses in your research data

Participant name _____ Date _____ Signature _____

Workshop Informed Consent Form: Makerere Design Students

Participatory Design for Public Health Education Messages in Uganda

As a student of Makerere University, Margaret Trowell School of Industrial and Fine Arts, in the course lettering IFA 1222, you have been invited to take part in 2 participatory design workshops in collaboration with *youth participants* from Kampala and Kayunga. These workshops are connected to the study Participatory Design for Public Health Education Messages in Uganda, which will lead to a Master of Design thesis in Visual Communication Design. Results of the overall project will include a design project, written support document, public exhibition and methodology guidebook. The collective aim of all related workshops is to provide feedback for future participatory design projects relative to public health education programs about issues including, but not limited to, HIV/AIDS and other sexual and reproductive health related topics.

The workshops will take place on Wednesday, April 1 and Wednesday, April 8, 2009 during your regular scheduled class time. Activities will include (1) a presentation on the methodology of participatory design in relation to the projects being conducted by the *youth participants* (2) discussions about the critical public health issues identified by the *youth participants* as well as related messages (3) activities in which groups (of *students* and *youth participants*) will develop, critique and present potential design concepts and scenarios for analysis and discussion (4) the development and refinement of design concepts (5) the assessment of concepts with members of the target audience (6) a project evaluation.

During discussions and activities your comments may be recorded through written notes or audio and video recordings. Your comments may be quoted in thesis documents or future presentations and papers, but will not include your name or identity (without your permission). Photographs and video and audio recordings will be taken of workshop activities, including *students*. Photographs and recordings of *students* may be used in thesis documents (or future presentations and papers), however, *student* names or identities will not be mentioned (without your permission). To ensure your anonymity, all research assistants associated with this project have signed confidentiality statements. There are minimal risks associated with participating in this study.

I, _____, understand that these workshops are part of a research project and that we will be discussing public health issues that include HIV/AIDS and other sexual and reproductive health topics, including sexual behavior, the consequences of becoming infected (in the case of HIV/AIDS and other sexually transmitted infections) and different strategies and messages that could be communicated in order to increase awareness about these issues.

By participating in this study, I understand that I will be contributing my own ideas to a collective and participatory project, and as such, I will be giving up individual ownership of the ideas I have shared in exchange for a collective ownership of the above-described project. By participating in this collective process, I will be acknowledged for my contribution to the project as part of the course lettering IFA 1222, in connection to the projects developed by the *youth participants* from Kampala and Kayunga.

By signing this form, I agree to participate in the above-described workshops and as a respondent to questionnaires for research project conducted by Leslie Robinson and associated partners.

Student name _____ Date _____ Signature _____

Workshop Informed Consent Form: Makerere Design Students

Participatory Design for Public Health Education Messages in Uganda

As a designer, you have been invited to take part in participatory design workshops in collaboration with *youth participants* from Kampala and Kayunga. These workshops are connected to the study Participatory Design for Public Health Education Messages in Uganda, which will lead to a Master of Design thesis in Visual Communication Design. Results of the overall project will include a design project, written support document, public exhibition and methodology guidebook. The collective aim of all related workshops is to provide feedback for future participatory design projects relative to public health education programs about issues including, but not limited to, HIV/AIDS and other sexual and reproductive health related topics.

The workshops will take place on select days during the period from April 1 and May 30, 2009. Activities during workshops may include (2) discussions about the critical public health issues identified by the *youth participants* as well as related messages (3) activities in which groups (of *designers* and *youth participants*) will develop, critique and present potential design concepts and scenarios for analysis and discussion (4) the development and refinement of design concepts (5) the assessment of concepts with members of the target audience (6) a project evaluation.

During discussions and activities your comments may be recorded through written notes or audio and video recordings. Your comments may be quoted in thesis documents or future presentations and papers, but will not include your name or identity (without your permission). Photographs and video and audio recordings will be taken of workshop activities, including *designers*. Photographs and recordings of *designers* may be used in thesis documents (or future presentations and papers), however, *designers* names or identities will not be mentioned (without your permission). To ensure your anonymity, all research assistants associated with this project have signed confidentiality statements. There are minimal risks associated with participating in this study.

I, _____, understand that these workshops are part of a research project and that we will be discussing public health issues that include HIV/AIDS and other sexual and reproductive health topics, including sexual behavior, the consequences of becoming infected (in the case of HIV/AIDS and other sexually transmitted infections) and different strategies and messages that could be communicated in order to increase awareness about these issues.

By participating in this study, I understand that I will be contributing my own ideas to a collective and participatory project, and as such, I will be giving up individual ownership of the ideas I have shared in exchange for a collective ownership of the above-described project.

By signing this form, I agree to participate in the above-described workshops and as a respondent to questionnaires for research project conducted by Leslie Robinson and associated partners.

Student name _____ Date _____ Signature _____

Consent for Acknowledgement: Makerere Design Students

Participatory Design for Public Health Education Messages in Uganda

As a designer who has taken part in the study, Participatory Design for Public Health Education Messages in Uganda, you have the opportunity to be credited for your contribution to the project by having your artist's profile featured in the project's methodology guidebook. It is anticipated that the guidebook will be available in December 2009.

Artist's Profile

Name:

Email (for contacting you about the guidebook):

Age:

Type of Artist:

What inspires you to be a designer?

How has this project impacted you?

Would you like any contact information to be included in the guidebook? If so, please note:

Anything else you would like to be mentioned?

By signing this form, I agree to have my name mentioned, in association to the work I contributed to the workshops for the research project conducted by Leslie Robinson and associated partners.

Student name _____ Date _____ Signature _____

Research Assistant Confidentiality Agreement

Participatory Design for Public Health Education Messages in Uganda

I , (please print name) _____, agree to hold confidential all data (in all forms) collected from the *Participatory Design for Public Health Education Messages in Uganda* study.

signature

date

Namuwongo Workshop Series: Questions

PARTICIPATORY DESIGN FOR PUBLIC HEALTH EDUCATION MESSAGES IN UGANDA

The following are questions about your experience in the workshop series. Please respond **honestly** and **openly**. Your responses are **anonymous**. You may respond in the **language of your choice**.

1. How many of the 7 workshops in Namuwongo did you attend?
2. Did you enjoy participating in the workshops? Why or why not?
3. Do you feel that you made a valuable contribution to the final outcome (painting)? Please explain.
4. Do you feel that having taken part in the workshop, you are **better able** to design messages?
5. Do you feel that having taken part in the workshop series, you are more **willing** to design messages in the future? Why or why not?
6. Do you feel that the fact that the messages were designed by youth will have an influence on how they are perceived by other youth? If so, how?
7. Were there specific activities or discussions that were particularly helpful to you? Please explain.
8. Would you suggest that any part of the workshops be done differently in the future? Please explain.
9. Did you attend any of the additional workshops at Makerere University?
If so, what worked well and what might be done differently in the future?
10. Has the workshop helped to increase your self-confidence? Please explain.
11. Has your own awareness of the public health issues discussed increased? Please explain.
12. Did you attend the Good Friday workshop with other community groups and design students? Yes No
If so, what worked well and what might be done differently in the future?

Please use the back of this sheet if you have additional comments.

Participant questionnaire results

Did you enjoy participating in the workshops?

NYG YES=6 NO=0

Art 4 Social Change YES=8 NO=0

MUWRP YES=13 NO=0

TASO ACYC YES=8 NO=0

Do you feel that you made a valuable contribution to the final outcome (painting)?

NYG YES=6 NO=0

Art 4 Social Change YES=8 NO=0

MUWRP YES=13 NO=0

TASO ACYC YES=8 NO=0

Do you feel that having taken part in the workshop, you are better able to design messages?

NYG YES=6 NO=0

Art 4 Social Change YES=8 NO=0

MUWRP YES=13 NO=0

TASO ACYC YES=8 NO=0

Do you feel that having taken part in the workshop series, you are more willing to design messages in the future?

NYG YES=6 NO=0

Art 4 Social Change YES=8 NO=0

MUWRP YES=13 NO=0

TASO ACYC YES=8 NO=0

Do you feel that the fact that the messages were designed by youth will have an influence on how they are perceived by other youth?

NYG YES=6 NO=0

Art 4 Social Change YES=8 NO=0

MUWRP YES=13 NO=0

TASO ACYC YES=8 NO=0

Has the workshop helped to increase your self-confidence?

NYG YES=6 NO=0

Art 4 Social Change YES=8 NO=0

MUWRP YES=13 NO=0

TASO ACYC YES=8 NO=0

Has your own awareness of the public health issues discussed increased?

NYG YES=6 NO=0

Art 4 Social Change YES=8 NO=0

MUWRP YES=13 NO=0

TASO ACYC YES=7 NO=1

Focus Group Questions

Administrator: Please remind participants that they can respond in the language of their choice.

Please encourage responses from as many participants as possible. Please encourage participants to explain why and to give examples, as appropriate. You may ask questions like:

–any one else?

–can you tell us why?

–can you give an example?

Remember that your role is to be objective, encouraging responses, while remaining neutral.

1. What was your favorite thing about the workshop and why?
2. What could have been done differently?
3. Has your knowledge increased about public health issues? How so?
4. What skills did you learn or improve upon in the workshop series?
5. How was the experience working with the designers from Makerere?
6. Are you satisfied with the painting? Why or why not?
7. How has your community responded to the painting?
8. When the workshops are over and the facilitators are no longer available, do you think that you will continue to apply any of the skills that you learned? How so?
9. Do you have any other comments that you would like to share?

At this point you can close the focus group and invite me to join the group to respond to their comments and answer any additional questions.

Workshop Series: Questions for Designers

PARTICIPATORY DESIGN FOR PUBLIC HEALTH EDUCATION MESSAGES IN UGANDA

The following are questions about your experience in the workshop series. Please respond **honestly** and **openly**. Your responses are **anonymous**. You may respond in the **language of your choice**.

What was your favorite thing about the workshop and why?

What could have been done differently?

Has your knowledge increased about public health issues?

What skills did you learn or improve upon in the workshop series?

How was the experience working with participants?

When the workshops are over and the facilitators are no longer available, do you think that you will continue to apply any of the skills that you learned? How so?

Questionnaire for Target Audience of ACYC TASO Painting

Participatory Design for Public Health Education Messages in Uganda

As a student of Makerere University and as a member of the target audience for the ACYC TASO Mulago painting on the Psychology Building, you are being asked to respond to the following questions to help in the study Participatory Design for Public Health Education Messages in Uganda. You may choose to respond to the questions in written form, or through an interview (either audio or video recorded). The collective aim of this project is to provide feedback for future participatory design projects relative to public health education programs about issues including, but not limited to, HIV/AIDS and other sexual and reproductive health related topics.

Data collected may be used in thesis documents or for future presentations and papers, but will not include your name or identity.

Your contribution is anonymous. We thank you for your valuable contribution to our study.

1) Have you noticed the painting (on the Psychology Building)?

If yes, what was your first impression?

2) Can you please describe the painting?

3) Does it appeal to you? Why or why not?

4) What is the message being communicated?

5) Is the message easy to understand?

6) Have you learned anything from the message?

7) Do you think this message could increase awareness about the topic, or lead to behavioral change?

8) Does the message feel like it has come from your community?

9) Would you ever be interested in helping to make a message like this?

10) Do you have any other comments (please use the back of this sheet if necessary)?

KAYUNGA TOWN COUNCIL

Office of the Town Clerk

P.O. Box 18148

Tel: 0772 521-677

Email: tckayunga@yahoo.com

KAYUNGA

REQUEST FOR PERMISSION:

PAINTING PUBLIC HEALTH EDUCATION MESSAGES NEAR KAYUNGA TAXI PARK

Participatory Design for Public Health Education Messages in Kayunga District

Dear Mr. Magumba Charles,

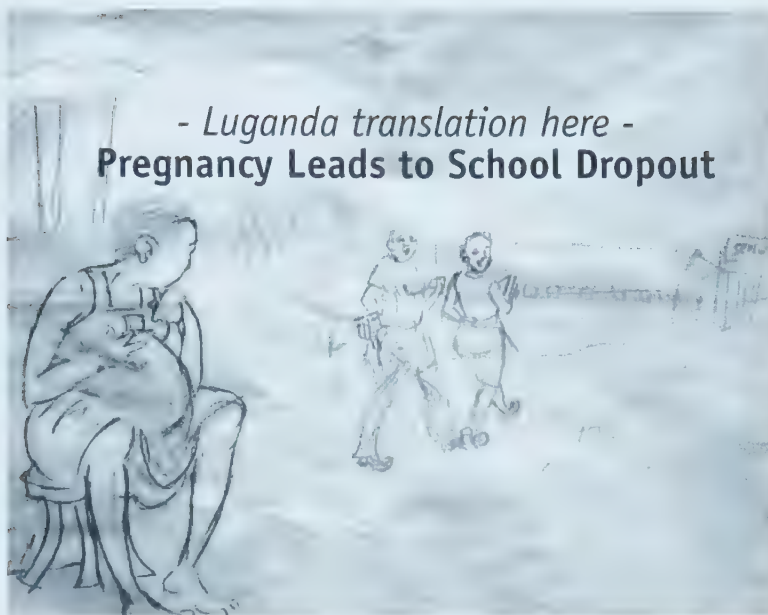
Please accept this letter as an official request on my behalf, in collaboration with Kayunga Youth Center staff, and in partnership with MUWRP, to produce paintings in the Kayunga Taxi Park. These paintings will be the results of a 10-week workshop series, as part of my Master's thesis project, **Participatory Design for Public Health Education Messages in Uganda**. Please see attached pages for concepts and messages as well as building photos.

We have been given permission from the 3 building owners to paint the concepts on their buildings. I have received approval for this project from the University of Alberta Faculty of Arts, Science and Law Research Ethics Board to conduct research involving human participants as well as the Uganda National Science and Technology Council. The appropriate documentation is attached.

I appreciate your collaboration in helping us to realize this project,

Sincerely,

Leslie Robinson



Please note this is a mock-up ONLY.

Final image will be refined with colour and lettering of above message.



Location

- *Luganda translation here* -
Domestic Violence is NOT a Solution



Please note this is a mock-up ONLY.

Final image will be refined with colour and lettering of above message.





Location



Please note these are mock-ups ONLY.

Final images will be refined with colour and lettering.

April 20, 2009

MINISTRY OF HEALTH REPUBLIC OF UGANDA

Plot 6 Lourdel Rd, Wandegaya KAMPALA

**REQUEST FOR PERMISSION:
PAINTING PUBLIC HEALTH EDUCATION MESSAGES NEAR KAYUNGA TAXI PARK**

Participatory Design for Public Health Education Messages in Uganda

Dear Mr. Kagwa Paul,

Please accept this letter as an official request on my behalf, in collaboration with Kayunga Youth Center staff, and in partnership with MUWRP, to produce public health education messages as paintings in the Kayunga Taxi Park. These paintings will be the results of a 10-week workshop series, as part of my Master's thesis project, **Participatory Design for Public Health Education Messages in Uganda**. Please see attached pages for an abstract of the project as well as the messages to be painted and their locations.

We have been granted permission for this project from the Kayunga Town Clerk, Magumba Charles. We have also been granted permission from the 3 building owners to paint the concepts on their buildings. I have received approval for this project from the University of Alberta Faculty of Arts, Science and Law Research Ethics Board to conduct research involving human participants as well as the Uganda National Science and Technology Council. The appropriate documentation is attached.

I appreciate your collaboration in helping us to realize this project. We are planing to execute these messages this Wednesday and Thursday. Your prompt response would be appreciated.

Sincerely,

Leslie Robinson

CERTIFICATE OF PARTICIPATION

Workshop Series: Participatory Design for Public Health Education Messages

Awarded May 30th, 2009 to

Last and First Name

MUWRP Youth Center Staff Member



CERTIFICATE OF PARTICIPATION

Workshop Series: Participatory Design for Public Health Education Messages

Awarded May 30th, 2009 to

Last and First Name

Member of TASO ACYC Mulago



HAVE SELF WORTH
Care About Tomorrow

CERTIFICATE OF PARTICIPATION

Workshop Series: Participatory Design for Public Health Education Messages

Awarded May 30th, 2009 to

Last and First Name



Awarded by Leslie Robinson, MDes Candidate, Visual Communication Design, University of Alberta, CANADA
email: lrobinso@ualberta.ca

CERTIFICATE OF PARTICIPATION

Workshop Series: Participatory Design for Public Health Education Messages



Awarded May 30th, 2009 to

Last and First name (*tag name*)

Member of Namuwongo Youth Group (NYG)



SI BULI
EKITEMAGANNA
NTI ZAABBU

TRUE LOVE
IS NEVER
BOUGHT

By NAMUWONGO YOUTH GROUP
(NYG)



Project Expenditures (not including living expenses)

Air travel to Africa (2 trips)	\$ 5 000
Photography, printing and production	\$ 1 900
Logistics (communications, transport within Africa, etc.)	\$ 1 500
Research assistant compensation	\$ 1 000
Transport reimbursement to participants	\$ 600
Health expenses, etc. for term in Africa	\$ 500
Food and beverages for workshops	\$ 300

TOTAL PROJECT EXPENDITURES	\$10 800
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UNIVERSITY OF ALBERTA
FACULTY OF ARTS, SCIENCE & LAW RESEARCH ETHICS BOARD

**APPLICATION TO CONDUCT RESEARCH
INVOLVING HUMAN PARTICIPANTS**

Principal Investigator(s): **Name:** Leslie Robinson

Department/Faculty: Art and Design

Campus Address: 3-98 Fine Arts Building

Campus Phone number: (780) 492-7877

E-mail address: llrobins@ualberta.ca

Supervisor: Bonnie Sadler Takach

Department/Faculty: Art and Design

Supervisor's E-mail address: sadler.takach@ualberta.ca

Supervisor's Campus Phone number: (780) 492-5092

Project Title: Participatory Design for Public Health Education Messages
 in Kabarole District (Uganda)

Project Funding: Alberta Foundation of the Arts Project Grant (\$8,600)

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Appendix B: Research Background (adapted from AFA grant application)

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Appendix D: Focus Group Participant Recruitment Letter (Phase 1)

Appendix E: Focus Group Participant Recruitment Letter (Phase 2)

Appendix F: Workshop Participant Informed Consent Form

Appendix G: Focus Group Participant Informed Consent Form

Appendix H: Informed Consent Form for Expert Interviews (Phase 1)

Appendix I: Post-Workshop Questionnaire (Phase 1 and 2)

Appendix J: Focus Group Questions (Phase 1)

Appendix K: Focus Group Questions (Phase 2): of HIV/AIDS/Malaria Education Messages

Appendix L: Researcher Confidentiality Agreement

Project Description

Project Objective

The objective of this project is to study how participatory methods in visual communication design can help to educate communities in resource-poor areas about favourable responses to public health issues such as HIV/AIDS and Malaria. This project will take place in Kabarole district (Uganda) in connection with the Community-based Antiretroviral Treatment Rural Distribution Project, led by Dr. Walter Kipp and Mr. Arif Alibhai, as well as other research in school-based health education programming led by Dr. Lory Laing from the Department of Health Sciences, School of Public Health, University of Alberta. The School of Public Health has ethics approval for all their Uganda-based projects. A letter of support for this project is included with this application (*please see appendix A*). With the support from both Dr. Laing and Arif Alibhai, collaborations with local organizations as well as the Institute of Public Health, Makerere University, are currently being established. We will also apply for ethics approval from the Uganda National Science and Technology Council, as required.

Participatory Approach

This research is centred on participatory design, an approach that places the end-user at the core of the design process, privileging local points of view. In this context, the designer acts as a facilitator, introducing design knowledge to participants, who in turn are invited to act as co-designers. This approach facilitates the creation of visual messages for local people, by local people. Some benefits of this approach include an increased sense of cultural ownership among the community, increased awareness among the participants of the social issue being addressed and the introduction of design principles and techniques to the participants, giving them the opportunity to become ongoing agents of change.

Public Health Education Messages

In the context of this project, the term ‘message’ includes both the visual and textual (verbal) information that is conveyed in a given visual communication. Both ways of communicating are equally important to the objectives of this project. For example, in the case of HIV/AIDS or malaria, I might ask *what are the messages that need to be communicated (in order to help bring awareness about this issue)? and how can these messages be best communicated through visual media?* I will explore both the formal (aesthetic) characteristics of local visual messages (i.e. the techniques and materials used, colour combinations, composition, style, etc.) as well as their informational content. I will also study people’s responses to both of these qualities. Project activities will focus on integrating textual and visual elements, ultimately working toward creating the most effective and appropriate public health education messages.

Research Activities

This project will take place over two phases, the preliminary Phase 1 commencing in June 2008 for four weeks and Phase 2 beginning in January 2009 for a period of up to 6 months.

Phase 1

The purpose of Phase 1 is to develop partnerships with local organizations, community leaders and local people and to determine the public health issue of greatest concern to the community at large. I will focus on developing my own understanding of the local culture by beginning to learn the local language and observing and listening to the local people as they carry out their daily activities. In this way, I hope to work to integrate into the community, earn the respect of the people and establish their trust. I will collect data through expert interviews and preliminary informal discussions with local people. If possible, I may also conduct up to four pilot participatory design workshops and up to four focus groups. In addition to determining the public health education messages that need to be communicated, this phase will determine the specific group(s) to whom the messages need to be targeted to in Phase 2.

Expert Interviews

Four to eight health practitioners and academics including doctors, nurses, sociologists, psychologists, etc. may be interviewed in order to help identify the public health issues of concern and to discuss what messages need to be communicated, and how to approach members of the community in appropriate ways.

Informal Discussions

When the opportunity arises, and with the support of the School of Public Health as well as local partners, I will approach individual local people (mothers, fathers, grandparents, young adults, workers, unemployed persons, etc.) to see if they would be willing to talk about their public health concerns. This will be done informally in order to explore the everyday health concerns of different people, how they think these can be addressed, and what messages they think need to be communicated.

Focus Groups

Up to four focus groups (one for each of the four populations described on the following page) may be conducted in order to test current attitudes, perceptions and behaviors relative to public health issues, such as HIV/AIDS or malaria. Focus groups will be made up of 6 to 10 participants. Existing visual communications (various public health messages as well as other types of communications from the region) will be shown and participants will be asked to respond to them, suggesting improvements or alternative approaches (if appropriate). These sessions will begin with a set of questions about the public health issue(s), followed by a request for comments on the visual communications presented. A research assistant may be present in order to audio record or take written notes in these sessions.

Workshops

Up to four workshops may be conducted. Each workshop will begin with an introduction to the project and an opportunity to sign informed consent forms. Workshops will be formed of 5 to 15 adult participants from various groups (see population description described below). Workshops will focus on creating both the visual form of the public health education messages as well as their content. A public health specialist, most likely a public health nurse or counselor will be present to provide support and ensure the accuracy of any public health related

information discussed and used in the messages. A research assistant may also be present in order to audio record or take written notes in these sessions. Workshops will include hands-on design techniques to create the public health education messages. For example, we might work with paper, coloured pencils, non-toxic markers, stencils and non-toxic ink, scissors, glue and locally available materials such as fabric and non-toxic dyes. Photographs will be taken of workshop activities, including participants. Only the photographs of participants who have given written consent may be used in thesis documents (or future presentations and papers).

These activities will be held in community centres or at local organizations. The length of workshops will vary, but will not exceed three hours (including breaks) in a day. Focus groups, in general, will be shorter, not exceeding two hours (including breaks) in a day.

Description of Populations

All people are affected by public health issues, whether directly or indirectly. Issues such as HIV/AIDS and malaria affect women and men as well as younger and older populations differently. For these reasons, it is important to include a variety of groups in this project. Up to four different populations may be recruited (separately) to participate in this project:

The following groups may be used as starting points (in response to recommendations from public health professionals). These groups may change given the results from Phase 1. For example, age ranges for women and men could be different, if appropriate.

- 1) Young Women (roughly 18-26)
- 2) Young Men (roughly 18-26)
- 3) Mature Women (roughly 27-40)
- 4) Mature Men (roughly 27-40)

For the most part the language of interaction with the study participants will be English, but in some cases it may be Rutoro (the local dialect). Since people in Uganda are educated in English in schools, most will have a good working knowledge of English. However, it is possible that some participants will not have much formal schooling, so may prefer to converse in Rutoro. In cases where Rutoro is the language of preference, research assistants or the local health professionals assisting with the data collection, will be relied on to translate. The University of Alberta has developed a cadre of trained research assistants who can be employed at minimal cost to assist with translation where necessary.

The data collected in Phase 1 may lead to a more specific population recruitment in Phase 2.

Phase 2

Research conducted in Phase 2 will be informed by the findings in Phase 1. Workshops will be conducted with local participants with the goal of creating locally-generated public health education messages in order to bring awareness about the specific public health issue(s) identified in Phase 1, in ways that respect and respond to local ways of life. Due to the emphasis of participatory design on local resources, both human and material, the communication media (such as poster format) of this project are not predetermined, as they will be designed in response to the communicated needs of the organizations and participants involved as well as the available resources. These messages could take the form of posters, murals, teaching tools (for example, flash cards, visual presentations, illustrated workbooks, etc.) and brochures, however, this is not an exhaustive list. The ultimate objective of these activities is to facilitate the creation of messages that strive to inspire positive social change by the people for the people.

Workshops

Up to eight workshops may be conducted. Each workshop will begin with an introduction to the project and an opportunity to sign informed consent forms. Workshops will be formed of 5 to 15 adult participants from one or more of the groups described in Phase 1, depending on Phase 1 outcomes. Workshops will focus on creating both the visual form of the public health education messages as well as their content. A public health specialist, most likely a public health nurse or counselor, will be present to provide support and ensure the accuracy of any public

health related information discussed and used in the messages. A research assistant may also be present in order to audio record or take written notes during these sessions. Workshops will include hands-on design techniques to create the public health education messages. For example, we might work with paper, coloured pencils, non-toxic markers, stencils and non-toxic ink, scissors, glue and locally available materials such as fabric and non-toxic dyes. Photographs will be taken of workshop activities, including participants. Only the photographs of participants who have given written consent may be used in thesis documents (or future presentations and papers).

Focus groups

Up to five focus groups will be conducted to evaluate the effectiveness of the public health education messages created in the workshops. Focus groups will be made up of 6 to 10 participants who did not participate in the project workshops, but who are also from the same targeted group. These sessions will begin with a set of open-ended questions, followed by a request for comments on the design and message of the designs created in the workshops. Questions will address both the visual and informational aspects of the designs. A research assistant may be present in order to record or take written notes in these sessions.

All workshops and focus groups will begin with an introduction of the project, even those conducted over a series of bi-weekly or weekly sessions. These activities will be held in community centres or at local organizations. The length of workshops will vary, not exceeding three hours (including breaks) in a day. Focus groups, in general, will be shorter, not exceeding two hours (including breaks) in a day.

Recruitment of Participants

The request for individual participation for both the workshops and focus groups will be made predominantly through word-of-mouth, and possibly through posters. The U of A School of Public Health's presence in the Kabarole District is well established and partnerships with Makerere University and local health and education organizations have been ongoing for eight years. The positive reputation of these partners as well as their solid connections with local community leaders will support recruitment of participants. Tom Rubaale, local Project Manager in Kabarole District for the Community-based HAART (Highly Active Antiretroviral Therapy) project, will be available to assist in the recruitment process. Mr. Rubaale has assisted numerous graduate students from the University of Alberta during their research fieldwork. Posters and/or letters may be used in support of this process (*see examples in appendixes D and E*).

Compensation

Participant volunteers and experts will be offered an honorarium of approximately 1000 – 2000 Ugandan shillings (\$0.60 – \$1.20 Canadian) for travel costs. Snacks and drinks will be provided at each activity.

Assessment of Risk to Human Participants

There is minimal risk to human participants involved in the evaluation of the effectiveness of the design of media for purposes of communication, information and/or education. While evaluating the effectiveness of visual communication design including public health education messages, research participants are not likely to be exposed to any visual or textual information that they would not encounter in their daily lives.

The public health issues of HIV/AIDS and malaria are sensitive topics that may lead to emotional responses. No research activity will be conducted without prior mention of the topics to be discussed.

In the case of focus groups, the potential for conflict is no greater than in any other group discussion. Due to the fact that there is no way of controlling what participants may say after a focus group, confidentiality cannot be guaranteed in these activities.

No toxic materials or hazardous situations will be encountered by anyone involved in this project.

Description of Procedures to be Undertaken to Reduce Risk to Human Subjects

To ensure that there is minimal risk to human participants involved in the outlined research activities, I have been trained to:

- be aware of the ethical considerations of working with human participants (I have read and am familiar with the GFC Policy Manual Section 66);
- conduct studies in an ethical and appropriate way, to consider the comfort level of the participants, and to preserve the anonymity of participants through proper data collection, storage and disposal methods;
- describe the study to the participants and what is being asked of them, outline the risks and benefits of being involved in the study and thank them for their participation.

Participation in the research activities described is voluntary under the agreement of a signed informed consent form, and participants can withdraw at any time during the sessions (and have their data removed) without penalty. In evaluating the effectiveness of public health education messages, design concepts and products, it will be emphasized that we are testing the performance of products of design, and not the performance of the participants themselves. In the unlikely event that any participant becomes distressed or uncomfortable during a study, the testing will be stopped immediately and the participant will be referred to the appropriate local resource.

Before activities begin, participants will be reminded that what is discussed needs to remain confidential. They will also be reminded that if there is something that they would not like to discuss or have known, that they should not feel any pressure to share it with the group. However, due to the reality that participants cannot be held to this, confidentiality cannot be guaranteed in these activities. Researchers (and research assistants) will be asked to sign a confidentiality agreement.

Data will be collected in a variety of ways, for example, through written notes or audio recordings from interviews or focus groups; completed questionnaires; and visual records (without identifying participants) of the process and outcomes of participatory design sessions. Participants' identities will be kept confidential and not be connected to any reported data. Data will be coded, analyzed and discussed in reports without identifying participants (unless they give permission to do so), and kept in a secure location for at least 7 years. Results of the research may be disseminated through a thesis exhibition and report, as well as future presentations and papers.

Participants in studies requiring additional assistance with data collection will be advised that assisting technologies or personnel may be present. As always, participation is voluntary, participants may leave at any time during the session (and have their data removed) without penalty, and participant anonymity will be guaranteed, except in the case of a focus group, where it cannot be guaranteed. Any participants involved in any of these research projects may have a copy of the research report if they specifically ask for it.

Discussing issues of public health such as sexual behavior, in the case of HIV/AIDS, or life-threatening illness, as in the case of both HIV/AIDS and malaria, can lead to potentially emotional responses. All participants will be informed of the topic of the study and purpose prior to each activity. Through the support of the School of Public Health, Makerere University and affiliated local organizations, each research activity will involve a public health nurse or counselor—ensuring that participants will have access to accurate and pertinent public health information, support and counseling services in their own local language. If a participant becomes distressed or requires additional support the activity will be stopped and he/she will be referred to local resources by the public health nurse or counselor.

In Ugandan culture, individuals, especially women, may feel less comfortable discussing private matters, such as those related to sexual behaviors in the presence of the opposite sex. In order to protect privacy and facilitate more open discussions, workshops, focus groups and informal discussions will sex-specific.

Consent and Documentation

Data from research activities may be collected through questionnaires, notes, photographs and audio recordings. All participants will be asked to give free and informed consent before participating in any research activities. A translator will be available to ensure comprehension of information by non-English speaking participants. No participants' names will be identified in connection with any of the collected data (without their permission). Participants' statements and photographs may be used in the support documents and public exhibitions, however, they will not be connected with any participants' names or identities (without their permission). Consent forms will also inform participants of their right to withdraw from activities at any point during a session without penalty (and have their data removed) (*please see examples of a consent forms and questionnaires in appendixes*). Data collected will be stored on a laptop computer and external hard-drive. While I am in Uganda, I will securely store all original documents at the Makerere University School of Public Health's in Uganda (office of Dr. Joseph Konde-Lule or Dr. Esther Buregyeya) or in a locked cabinet in the house where I will be staying. I will transport these documents with me when I return to Canada and will securely store them in my office there.

I have read the UNIVERSITY OF ALBERTA STANDARDS FOR THE PROTECTION OF HUMAN RESEARCH PARTICIPANTS [GFC Policy Manual, Section 66] and agree to abide by these standards in conducting my research.

Signature of Principal Investigator(s)

Date

(If Student)

Signature of Faculty Supervisor/sponsor

Date

Submit completed form and attached documents to:

**Arts, Science, Law Research Ethics Board
Attention: ASL REB Administrator
Faculty Arts – Office of the Dean
6-33 Humanities Building**

**Email: ASLREBAdministrator@ualberta.ca
Phone: 492-4224**

Appendix A: Letter of support from Dr. Lory Laing, Department of Health Sciences,
School of Public Health, University of Alberta (Original letter submitted with application)

April 12, 2008

Wayne Renke, ASL REB Chair
Arts, Science, Law Research Ethics Board
Attention: ASL REB Administrator
Faculty Arts – Office of the Dean
6-33 Humanities Building

Dear Wayne Renke,

Re: Leslie Robinson's Thesis Project

Please accept this letter as an indication of my support for Leslie Robinson's thesis project "Participatory design for Public Health Education Messages in Uganda." Since 2002 I have led and supervised several public health and educational research projects in Uganda and can testify to the urgent need for effective strategies to increase awareness about public health issues including prevention and treatment of diseases such as HIV/AIDS and malaria. I believe that visual communication design has the potential to play a leading role in the development of such strategies. I am familiar with Leslie's research proposal and am looking forward to working with her. Leslie will be traveling to Fort Portal, Uganda in June to begin Phase I of her research and she will be working with Tom Rubaale (Project Manager for several CIHR funded projects in the district) who will help to connect her with the local community. I have ethics clearance for my work from the Health Ethics Research Board, but Leslie understands that she needs to submit an ethics application for her specific work with human participants. Once she has received ethics clearance from the ASL REB, she will also have to apply for ethics clearance through the government of Uganda.

Sincerely,

Dr. Lory Laing
Professor

Appendix B: Research Background *(adapted from AFA grant application)*

My Master of Design thesis research is focused on the potential role of visual communication design as a vehicle for social change. The persuasive ability of design to inspire change serves the market very effectively, as demonstrated, for example, in advertising. How this same capacity can be harnessed to fulfill the fundamental needs of society, however, remains to be developed. The objective for my research, accordingly, is to explore how design can support non-profit societies, NGOs and citizen groups in their efforts to achieve positive social change. My research is centred on participatory design, an approach that places the end-user at the core of the design process, privileging local points of view. In this context, the designer acts as a facilitator, introducing design knowledge to participants, who in turn act as co-designers. This approach facilitates the creation of visual messages by local people, for local people. Some of the benefits of this approach include an increased sense of cultural ownership among the community, increased awareness among the participants of the social issue being addressed, and the introduction of design principles and techniques to the participants, empowering them to become ongoing agents of change.

I have been exploring participatory design through hands-on, applied projects working with various organizations in Edmonton including the Campus Sustainability Coalition, the International Institute for Qualitative Methodology, and University of Alberta International House. I am also exploring cross-cultural communication, vernacular design and the role that participatory methods have played in social development in the areas of design, community planning, international development and public health (through course work in design research methods). Upon completion of this background research, I will be equipped to apply my theoretical knowledge and practical experience to do fieldwork in resource-poor areas.

I am now collaborating with Dr. Lory Laing and Arif Alibhai from the Department of Public Health Sciences, School of Public Health at the University of Alberta in Edmonton in order to find the most appropriate organizations in the context of which to carry out specific participatory design projects in Uganda. From mid-June to mid-July of this year I will go to Uganda to meet with community organizations and NGOs and their respective communities in order to conduct primary research, which will inform our collaboration over the following year. Establishing a solid partnership will allow me to focus my thesis research on the specific problems, needs and desires of the communities with which I will be working. In addition, it will allow me to get to know the local people early on, helping me to earn their trust. Although I am very open to supporting any social change initiative that would benefit from participatory design, I am particularly interested in supporting public health initiatives including both HIV/AIDS and malaria awareness education.

Upon returning to Canada from Uganda, and throughout the 2008 fall semester, I will prepare context-specific participatory design tools and approaches in order to prepare for extended fieldwork in Uganda which I will be available to begin as of January 2009 for a period of up to 6 months. Possible products of this research could include visual teaching tools and awareness campaigns in which their form and content will evolve from what is needed and deemed appropriate by the local participants. The goal of this project, however, is to ensure that the artifacts designed will resonate with the local people, effectively contributing toward increasing awareness of the public health issues in question, with the goal of helping to improve the lives of the people in the communities involved.

Summary

It is my hope that this research will contribute to strategies in participatory design that can help make the benefits of design more accessible to underprivileged and underrepresented populations. The directing goal of my research is to discover how participatory methods in visual communication design can help to bring awareness about public health issues in resource-poor areas. I hope that this research will benefit the design field, social change organizations and, ultimately, the people. On a personal level, my research will allow me to partner with inter-cultural communities, a privilege that fascinates and inspires me. My proven academic ability, interdisciplinary and inter-cultural work experience, commitment to community development, compassion for humanity, and finally, the support I receive from the academic staff in the Department of Art and Design as well as the expertise of the Department of Public Health Sciences, will all contribute to ensuring my realization of this project.

Appendix C: Workshop Participant Recruitment Letter

Please note that this is a sample of a letter that may be used to recruit participants. Variables such as to whom it is addressed, the time and location of the activity, compensation, etc., may vary relative to the population description, phase of the project, specific design techniques to be used and the specific public health issue being addressed. Although both of the topics of HIV/AIDS and malaria are included here, these issues would be addressed separately in different workshops. Posters may be created using summarized information from this letter.

Date _____ Dear _____

Volunteers needed: Collaborative Design of HIV/AIDS/Malaria Awareness Messages

We are recruiting volunteers to participate in a collaborative design workshop that will give the participants a chance to design public health education messages to bring awareness about issues relating to HIV/AIDS/malaria. Workshops will be held at _____ community centre and will last a maximum of 3 hours. Men from 18 to 26 years of age are invited to participate. Participants will receive a 2000 shilling compensation for their travel expenses. Food and drinks will be provided.

The workshop will include an exploration of design principles and techniques to create a series of visual public health education messages to bring awareness about issues relating to HIV/AIDS/malaria. Participants will work individually and collaboratively to design the posters. The workshops will also include: (1) a presentation of images and messages (local and possibly foreign) that address the public health issues mentioned; and (2) a questionnaire about participants' experiences in the workshop. No names will be recorded on questionnaires, or in summaries of the workshop.

A local public nurse or counselor who speaks both English and Rutoro will be present. Although the workshop will be conducted predominantly in English participants are encouraged to respond and ask questions in the language they are most comfortable (Rutoro or English). The research assistant will be available for translation.

This project is a joint research project between the Institute of Public Health, Makerere University and both the Departments of Public Health Sciences (School of Public Health) and Art and Design, University of Alberta (Canada). The project is part of a Master of Design thesis in Visual Communication Design, which will result in a design project, written support document, and public exhibition. The aim of the workshop is to provide feedback for future participatory design projects relative to public health education programs. Results of the research may be disseminated through a thesis exhibition and report, as well as future presentations and papers. Participants may withdraw from the workshop at any time without penalty of compensation (and have their data removed).

The workshop will be held (TBD).

Please confirm your interest by contacting Leslie Robinson at _____ or Tom Rubaale in person at _____.

Thank-you,

Leslie Robinson

Appendix D: Focus Group Participant Recruitment Letter (Phase 1)

Please note that this is a sample of a letter that may be used to recruit participants. Variables such as to whom it is addressed, the time and location of the activity, compensation, etc., may vary relative to the population description and the specific public health issue being addressed. Although both of the topics of HIV/AIDS and malaria are included here, these issues would be addressed separately in different focus groups. Posters may be created using summarized information from this letter.

Date _____ Dear _____

Volunteers needed: Focus Group Evaluation of HIV/AIDS/Malaria Awareness Messages

We are recruiting volunteers to participate in a focus group. This activity will give participants a chance to view public health education messages from both within and outside of the region and provide important feedback addressing both the content of the messages as well as their visual impact. The aim of the focus group is to provide an evaluation of the designs, providing an opportunity to inform the design of new public health education messages for this region. The focus group will be held at _____ community centre and will last a maximum of 2 hours. Young adult men from 18 to 26 years of age are invited to participate. All participants will receive a 2000 shilling compensation for their travel expenses. Food and drinks will be provided.

Participants will work individually and collaboratively to analyze the designs. The focus group will include: (1) a discussion about HIV/AIDS/malaria issues and how they relate to the community at large; (2) a discussion about both the formal (aesthetic) aspects of the messages as well as their content; and (3) a questionnaire about each participant's experience interacting with the designs as well as their impressions and appreciation of the them. No names will be recorded on questionnaires or in summaries of the focus group.

A local public nurse or counselor who speaks both English and Rutoro will be present. Although the workshop will be conducted predominantly in English participants are encouraged to respond and ask questions in the language they are most comfortable (Rutoro or English). The research assistant will be available for translation.

This project is a joint research project between the Institute of Public Health, Makerere University and both the Departments of Public Health Sciences (School of Public Health) and Art and Design, University of Alberta (Canada). The project is part of a Master of Design thesis in Visual Communication Design, which will result in a design project, written support document, and public exhibition. The aim of the workshop is to provide feedback for future participatory design projects relative to public health programs and to increase awareness of public health knowledge and resources available to local Ugandans. Results of the research may be disseminated through a thesis exhibition and report, as well as future presentations and papers. Participants may withdraw from the focus group session at any time without penalty of compensation (and have their data removed).

The focus group session will be held (TBD).

Please confirm your interest by contacting Leslie Robinson at _____ or Tom Rubaale in person at _____.

Thank-you,

Leslie Robinson

Appendix E: Focus Group Participant Recruitment Letter (Phase 2)

Please note that this is a sample of a letter that may be used to recruit participants. Variables such as to whom it is addressed, the time and location of the activity, compensation, etc., may vary relative to the population description and the specific public health issue being addressed. Although both of the topics of HIV/AIDS and malaria are included here, these issues would be addressed separately in different focus groups. Posters may be created using summarized information from this letter.

Date _____ Dear _____

Volunteers needed: Focus Group Evaluation of Locally Designed HIV/AIDS/Malaria Awareness Messages

We are recruiting volunteers to participate in a focus group. This activity will give participants a chance to view locally designed public health education messages and provide important feedback addressing both the content of the messages as well as their visual impact. The aim of the focus group is to provide an evaluation of the designs, providing an opportunity to improve them in the future. The focus group will be held at _____ community centre and will last a maximum of 3 hours. All young adult men from 18 to 26 years of age are invited to participate (except those who previously participated in the poster design workshop). All participants will receive a 2000 shilling compensation for their displacement. Food and drinks will be provided.

Participants will work individually and collaboratively to analyze the designs. The focus group will include: (1) a discussion about HIV/AIDS malaria issues and how they relate to the community at large; (2) a discussion about both the formal aspects of the communications as well as their content; and (3) a questionnaire about each participant's experience interacting with the designs as well as their impressions and appreciation of the them. No names will be recorded on questionnaires or in summaries of the workshop.

A local public nurse or counselor who speaks both English and Rutoro will be present. Although the workshop will be conducted predominantly in English participants are encouraged to respond and ask questions in the language they are most comfortable (Rutoro or English). The research assistant will be available for translation.

This project is a joint research project between the Institute of Public Health, Makerere University and both the Departments of Public Health Sciences (School of Public Health) and Art and Design, University of Alberta (Canada). The project is part of a Master of Design thesis in Visual Communication Design, which will result in a design project, written support document, and public exhibition. The aim of the workshop is to provide feedback on designs previously designed in a related workshop and to increase awareness of public health knowledge and resources available to local Ugandans. Results of the research may be disseminated through a thesis exhibition and report, as well as future presentations and papers. Participants may withdraw from the session at any time without penalty (and have their data removed).

The focus group will be held (TBD).

Please confirm your interest by contacting Leslie Robinson at _____ or Tom Rubaale in person at _____.

Thank-you,

Leslie Robinson

Appendix F: Workshop Participant Informed Consent Form

Please note that this is a sample consent form. Variables such as to whom it is addressed, the time and location of the workshop, compensation, etc., may vary relative to the population description, phase of the project, specific design techniques to be used and the specific public health issue being addressed. Although both of the topics of HIV/AIDS and malaria are included here, these issues would be addressed separately in different workshops.

This project is a joint research project between the Institute of Public Health, Makerere University and both the Departments of Public Health Sciences (School of Public Health) and Art and Design, University of Alberta (Canada). The project is part of a Master of Design thesis in Visual Communication Design, which will result in a design project, written support document, and public exhibition. The aim of the workshop is to provide feedback for future participatory design projects relative to public health education programs about HIV/AIDS/malaria. Results of the research may be disseminated through a thesis exhibition and report, as well as future presentations and papers.

Your participation in the workshop is voluntary and you may withdraw from the session at any without penalty (and have your data removed). The workshop will last no more than 3 hours and will consist of: (1) a presentation of images and messages (local and possibly foreign) that address the public health issues mentioned; and (2) a questionnaire about your experiences in the workshop.

During discussions, your comments may be recorded through written notes or audio recordings. Your comments may be quoted in thesis documents or future presentations and papers, but will not include your name or identity (without your permission). Photographs will be taken of workshop activities, including participants. Only the photographs of participants who have given written consent may be used in thesis documents (or future presentations and papers). To ensure your anonymity, all research assistants associated with this project have signed confidentiality statements. There are minimal risks associated with participating in this study.

I _____ agree to participate as a member of a collaborative poster design workshop and as a respondent to questionnaires for the above research project conducted by Leslie Robinson and associated partners mentioned.

I understand that the workshop is part of a research project and that we will be discussing issues relating to HIV/AIDS/malaria, including sexual behavior (in the case of HIV/AIDS), the consequences of becoming infected and different strategies and messages that could be communicated in order to increase awareness about these issues.

I understand that my responses to questions during the workshop may be recorded and included in research documents and future visual and verbal presentations, but that my name will not be used in any report related to this project. I will receive 2,000 shillings for travel expenses, however, I may withdraw at any time during this session without penalty (and have my data removed).

(please check if appropriate)

___ You have my permission to use images of me in written or visual presentations related to this study

Participant name _____ Date _____ Signature _____

Appendix G: Focus Group Participant Informed Consent Form

Please note that this is a sample consent form. Variables such as to whom it is addressed, the time and location of the focus group, compensation, etc., may vary relative to the population description, phase of the project and the specific public health issue being addressed. Although both of the topics of HIV/AIDS and malaria are included here, these issues would be addressed separately in different focus groups.

This project is a joint research project between the Institute of Public Health, Makerere University and both the Departments of Public Health Sciences (School of Public Health) and Art and Design, University of Alberta (Canada). The project is part of a Master of Design thesis in Visual Communication Design, which will result in a design project, written support document, and public exhibition. The aim of this focus group is to provide feedback on designs previously designed in a related workshop of which the objective was to create visual messages with the potential of creating awareness about HIV/AIDS/malaria among young men in the region. Ultimately this focus group will help to measure the effectiveness of the designs and will provide insights toward improving them. Results of the research may be disseminated through a thesis exhibition and report, as well as future presentations and papers.

Your participation in the focus group is voluntary. The focus group session will last no more than 2 hours and will consist of: (1) a discussion about HIV/AIDS/malaria issues and how they relate to the community at large; (2) a discussion about both the formal (aesthetic) aspects of the messages as well as their content; and (3) a questionnaire about your experience interacting with the designs as well as their impressions and appreciation of them. During discussions, your comments may be recorded through notes or audio recording. Your comments may be quoted in thesis documents, but will not include your name or identity. To ensure your anonymity, all research assistants associated with this project have signed confidentiality statements. Before activities begin participants will be reminded that what is discussed needs to remain confidential. They will also be reminded that if there is something that they would not like to discuss or have known, that they should not feel any pressure to share it with the group. However, due to the reality that participants cannot be held to this, confidentiality cannot be guaranteed in these activities.

I _____ agree to participate as a member of this focus group and as a respondent to questionnaires for the above research project conducted by Leslie Robinson and associated research assistants.

I understand that the workshop is part of a research project and that we will be discussing issues of HIV/AIDS malaria, including sexual behavior (in the case of HIV/AIDS), the consequences of becoming infected and different strategies and messages that could be communicated in order to increase awareness about these issues.

I understand that my responses to questions during the workshop may be recorded and included in research documents, but that my name will not be used in any report related to this project. I will receive 2,000 shillings for travel expenses however, I may withdraw at any time during the session without penalty (and have my data removed) .

(please check if appropriate)
___ You have my permission to use images of me in written or visual presentations related to this study

Participant name _____ Date _____ Signature _____

Appendix H: Informed Consent Form for Expert Interviews

Project Title: Participatory Design for Public Health Education Messages in Kabarole District (Uganda)
Principal Investigator: Leslie Robinson, Master of Design Candidate, Department of Art and Design, University of Alberta

I am a Master of Design student at the University of Alberta, Canada. I am doing a study and would like to ask you to take part in it. This study is to learn about using participatory design methods in order to create effective and appropriate messages about public health issues including HIV/AIDS/malaria. The information from this study may help health workers and professionals to improve the type of health communications available. The information may also help to provide services in a way that best suits the needs of the local population. If you agree to be in the study, I will ask you to take part in a personal interview that will last about one hour. It will also be recorded on a tape recorder. If you choose, your name will be credited in research data, however, you may also choose to respond anonymously. If there is something you would not like to be discussed or known, please do not feel any pressure to share it with me. The information you provide will be kept for at least seven years after the study is done. Results of the research may be disseminated through a thesis exhibition and report, as well as future presentations and papers. Your name will not be used in any presentations or publications of the results without your written consent.

There is minimal risk to participating in this study. You may ask any questions that you have about the study. You are free to choose not to take part in the interview. If you decide to take part in the interview and change your mind later, you may withdraw from the interview at any time. If you have any concerns about this study, you may contact (to be determined, name and phone number).

I hope you will find this useful and thank you for considering this request. Do you have any questions?

I, (please print name) _____, agree to be interviewed for the above research project conducted by Leslie Robinson.

I understand that this workshop is part of a research project and that we will be discussing issues relating to HIV/AIDS/malaria, including sexual behavior (in the case of HIV/AIDS), the consequences of becoming infected and different strategies and messages that could be communicated in order to increase awareness about theses issues.

I understand that my responses to questions during this interview may be recorded and included in research documents and future visual and verbal presentation, but that my name will not be used in any report related to this project. I will receive 2,000 shillings for travel expenses, however, I may withdraw at any time during this session without penalty (and have my data removed).

- ☐ Yes, please use my name to credit my responses in your research data
- ☐ No, please DO NOT use my name in your research date (I prefer to remain anonymous)

Participant name _____ Date _____ Signature _____

Appendix I: Post-Workshop Questionnaire (Phase 1 and 2)

Please note that this is a sample of a questionnaire that may be used to obtain feedback from workshop participants. Although both of the topics of HIV/AIDS and malaria are included here, these issues would be addressed separately in different workshops.

Project Title: Participatory Design for Public Health Education Messages in Kabarole District (Uganda)

Principal Investigator: Leslie Robinson, Master of Design Candidate, Department of Art and Design, University of Alberta, <lrobin@ualberta.ca>

Thank you for taking the time to participate in this workshop. Your time and input are valuable to us. In order to help evaluate the workshop in which you participated, I am asking you to fill out a questionnaire. Both the workshop and this questionnaire are part of a collaborative research project between the Institute of Public Health, Makerere University and both the Departments of Public Health Sciences (School of Public Health) and Art and Design, University of Alberta (Canada). The project is part of a Master of Design thesis in Visual Communication Design. Results of the research may be disseminated through a thesis exhibition and report, as well as future presentations and papers.

If you agree, I will ask you to answer the following questions. All information you provide on the questionnaire will be kept private. If there are any questions that you would not like to answer, please do not feel any pressure to respond to those questions. The information you provide will be kept for at least seven years after the study is done. Results of the research may be disseminated through a thesis exhibition and report, as well as future presentations and papers. Your name or any other identifying information will not be attached to the information you gave. Your name will never be used in any presentations or publications of the research results (without your permission).

Questions

1. Did you find the workshop informative and worthwhile? Please explain?
2. Which public health education messages presented do you feel are most important for members of your community to be aware of? Please explain.
3. Do you feel that the way the designs were created could affect their visual impact and the amount of attention community members will give to them? Please explain.
4. Do you feel that the fact that the posters were created by community members will affect the attention or thought other community members will give to the messages? Please explain.
5. Do you feel that the images portrayed in the posters are a critical element in obtaining the viewer's attention? Please explain.
6. Do you feel that participation in this workshop has made you more aware of HIV/AIDS/malaria issues and resources? Please explain.
7. Do you feel that participation in this workshop will increase your willingness or odds of talking about HIV/AIDS/malaria issues with a friend? Please explain.

8. Why did you choose to participate in this project?
9. Would you participate in a similar workshop again? Please explain.
10. Would you recommend that a friend take part in a similar workshop? Please explain.
11. Were there specific comments, interactions or discussions that were particularly helpful to you? Please explain.
12. Were there elements of the workshop that you found to be confusing or difficult? Please explain.
13. How do you think this workshop could be improved? Please explain.
14. Do you feel that your participation in this workshop has increased your willingness and ability to design public health education messages or other communications? Please explain.

Appendix J: Focus Group Questions (Phase 1)

Please note that the following questions are examples of the types of questions that will be asked in focus groups in Phase 1. Although both of the topics of HIV/AIDS and malaria are included here, these issues would be addressed separately in different focus groups. Further questions may be added after conducting expert interviews, if appropriate.

Welcome, my name is Leslie Robinson and I am a Master of Design student at the University of Alberta and I am conducting this focus group as a part of my Master thesis in Visual Communication Design.

Thank you for taking time out of your schedule to participate in this discussion on HIV/AIDS/malaria. You were invited to participate in this discussion because you are a member of the community and are male between the ages of 18-26. We would like to get your opinion and ideas about the issue of HIV/AIDS/malaria to help us develop culturally appropriate public health education messages in your community.

I will ask a series of questions. There are no right or wrong answers. Everyone in the group does not need to agree on the answers to the questions. Please keep the comments confidential.

Let us start by introducing ourselves to the group.

HIV/AIDS/malaria is a serious public health issue in Uganda. I understand that this is a very sensitive topic and some of you may feel uncomfortable discussing it. Please understand that your opinion, no matter what it is, is extremely important. It is very important that we respect each other's opinions as we proceed with the questions. Please remember that all comments made must remain confidential.

1. When you hear the word HIV/AIDS/malaria, what do you first think of? What images and associations do you have with this public health problem?
2. What are some of the words that people in your community use when talking about HIV/AIDS/malaria? Why? Please explain.
3. Do you know how a person can get HIV/AIDS/malaria?
4. Is there anything a person can do to avoid getting AIDS/malaria? Please explain?
5. How can a person find out if he or she has HIV (the virus that causes AIDS)?
6. Do you think that members of your community would like to learn and understand more about HIV/AIDS/malaria?
7. Are you aware of any programs where you can get information about this public health problem?
8. Do you think it is easy or difficult for the community members to use or participate in HIV/AIDS/malaria awareness education programs here? Please explain.
9. What would be the best way to educate community members on HIV/AIDS/malaria issues? For example,
 - Health education segment on TV?
 - Health education message on the radio?
 - Brochure, pamphlets, posters, fliers?
 - Health education community forums with a health professional educating many people
 - Creation of a health education video?
 - Community theatre or other community event/activity?

10. Do you think that providing education to the your community about HIV/AIDS/malaria issues would be the same for men and women? If not, what would you recommend for educating men? Women? Please explain.
11. Other than increasing awareness about HIV/AIDS/malaria, what else do you think can be done to help combat this problem? Please explain.
12. Are there any other important issues related to HIV/AIDS/malaria or public health education messages that you would like to mention today?

Thank you so much for your participation!

EDUCATION

Master of Design in Visual Communication Design (MDes) (2007–2009)

University of Alberta, Edmonton

Certificate in International Cooperation (April–July 2006)

Center de formation à la coopération interculturelle (Cégep de Rivière-du-Loup)

Rivière-du-Loup, Québec

Bachelor of Design in Visual Communication Design (BDes) (1998–2002)

Business/Marketing Route, University of Alberta

AWARDS & HONORS

Advanced Education and Technology, Alberta Scholarships Program (May 2009)

Profiling Alberta's Graduate Students Award (\$1 000)

Minister of Advanced Education and Technology (April 2009)

Arts Graduate Scholarship for exceptional academic achievement in visual arts (\$15 000)

Minister of Advanced Education and Technology (February 2009)

Graduate Scholarship for exceptional academic achievement in 1st year of Master's (\$3 000)

Graduate Students' Association (February 2009)

Professional Development and Travel Grant (\$ 500)

Arts Support for Graduate Professionalization (November 2008)

Proposal, organization and facilitation of lecture and workshop by Jonathan Wood
Department of Art + Design, University of Alberta (\$600 awarded to Department)

Alberta Foundation for the Arts (AFA) (September 2008–September 2009)

Grant to support visual communication design fieldwork in Uganda (\$8 600)

Department of Art + Design, University of Alberta (January–February 2008)

Research Assistantship (\$1 600)

Department of Art + Design, University of Alberta (September 2007 and 2008)

Master of Design (MDes) Scholarship (\$15 000 each year)

MEDIA COVERAGE

University of Alberta Express News (November 23, 2009)

Feature article by Michael Davies-Venn: The murals that are saving lives in Uganda

Radio Canada, télé journal Edmonton: culture (November 16, 2009)

Televised coverage of FAB Gallery show: Designing Public Health Messages for Youth, by Youth

Radio Canada, Le café show Edmonton (November 16, 2009)

Radio coverage of FAB Gallery show: Designing Public Health Messages for Youth, by Youth

Global Edmonton, New Hour Final (November 12, 2009)

Televised coverage of FAB Gallery show: Designing Public Health Messages for Youth, by Youth

RECENT EXHIBITIONS

Designing Public Health Messages for Youth by Youth (*November 10–December 5, 2009*)

Master of Design thesis show, Fine Arts Building Gallery (FAB), University of Alberta

Participant, Germinations: Recent works by MFA and MDes Students at the U of A

Curated by Liz Ingram, FAB Gallery, University of Alberta (*October 6–31, 2009*)

Participant, Design Celebrating Hope: (*May 19–July 24, September 1–26, 2009*)

An Exhibition of Student Design Work for the Buduburam CD Project

Exhibition of my students' work, FAB Gallery, University of Alberta

Participant, WAVE Exhibition: Blurring Boundaries (*December 2008–January 2009*)

Juried traveling exhibition, FAB Gallery, University of Alberta

Participant and catalogue designer, Re-drawing the line (*January–February 2008*)

Juried group exhibition, Art Gallery of Alberta, Edmonton, Alberta

PROFESSIONAL EXPERIENCE

Principal Instructor (*Fall 2008 and Fall 2009*)

Des 493 (3rd year design course), University of Alberta, Edmonton, Alberta

Free-lance Designer (*2007–2009*)

Clients include the International Institute for Qualitative Methodology, the Department of Art + Design, University International and the Health Law Institute Edmonton, Alberta

Teaching Assistant (*September 2007–June 2008*)

Des 490 (3rd year design course) and Des 337/437/538 (spring session), U of A

Free-lance Photographer (*June 2007–present*)

Journalistic wedding and event photography, Edmonton, Alberta

Graphic Designer (*April–October 2007*)

TransGlobal Communications, Edmonton, Alberta

Multi-media Instructor (*August 2006–January 2007*)

Center Soleil d'Afrique, Bamako, Mali (West Africa)

Graphic Designer (*August 2006–January 2007*)

Association Culturelle Acte SEPT, Bamako, Mali (West Africa)

Graphic Design Free-lancer (*March 2004–March 2006*)

Leslie Robinson Design and Aquent, Montreal, Quebec

T-shirt Designer (Cabin Fever) (*March 2004–March 2006*)

Creation and promotion of my line of silk-screened t-shirts, Montreal, Quebec

PUBLIC PRESENTATIONS & WORKSHOPS

Conference presentation at INSIGHTS: A Focus on Public Health Research

Designing Public Health Messages for Youth, by Youth (*November 2009*)

School of Public Health, University of Alberta

Invitation to present to the University of Alberta Senate (*September 2009*)

Designing Opportunities for Community Activation

Senate Plenary, University of Alberta

Invitation to present at Graduate Student Research Discussion (*September 2009*)

Designing Public Health Education Messages for Youth by Youth

Department of Art + Design, University of Alberta

Invitation to present to Department of Art + Design (*September 2009*)

Graduate student orientation panel discussion: The graduate student experience

Department of Art + Design, University of Alberta

Guest Lecturer, Margaret Trowell School of Industrial & Fine Arts

Participatory design lecture and workshop with 1st year design students (*April 2009*)

Makerere University, Kampala (Uganda)

Invitation to present at School of Public Health Student Seminar (*November 2008*)

Participatory Design for Public Health Education Messages in Uganda

School of Public Health, University of Alberta

Invited lecture to Design 493 (X1) (*November 2008*)

Presentation: Participatory Design, University of Alberta

Conference Presentation at Social Studies: Educating Designers in a Connected World

Participatory Design for Public Health Education Messages in Uganda (*October 2008*)

Maryland Institute College of Art, Baltimore, MD (USA)

Conference Presentation: Continuities and Innovations:

Popular Print Cultures – Past and Present, Local and Global (*August 2008*)

Presentation: Street Sociable: Edmonton Vernacular Print Culture, University of Alberta

Conference Presentation: Architecture of History (*February 2008*)

Participatory Design: Designing Toward Positive Futures, University of Alberta

Participatory Calendar Design Workshop: U of A International House (*Spring 2008*)

Participatory Design Workshop with students from Design 490 (*January 2008*)

Poster design for the Architecture of History Conference, University of Alberta

Invited lecture to Design 396 (*November 2007*)

Presentation: Empathetic Design, University of Alberta

Invited lecture to Design 490 (*October 2007*)

Presentation: Socially Responsible Design, University of Alberta

VOLUNTEER POSITIONS

Panel member: The graduate student experience

FGSR panel discussion for undergraduate students (*November 2009*)
Alumni Lounge, Students' Union Building, University of Alberta

Re-mark(s): Event Coordinator and Project Facilitator (*December 2008*)

Participatory Design Workshop, QUAD, University of Alberta

Volunteer and Event Coordinator (*October 2008*)

Halloween face-painting, International Center, University of Alberta

Volunteer Peer Leader (*September–December 2008*)

University International, University of Alberta

Coordinator, *L'artiste un acteur social* (*September–December 2006*)

Center Soleil d'Afrique, Bamako, Mali
T-shirt contest and exhibition promoting art as an agent for social change

Volunteer Art Instructor (*September–December 2005*)

Mer et Monde, Senegal (West Africa)

Volunteer Art Instruction to teenage dropouts (*March 2004–February 2005*)

REVDEC (non-profit organization) Montreal, Quebec

Festival Volunteer

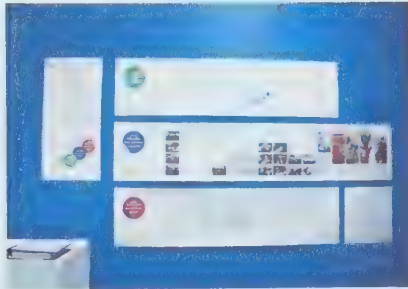
Edmonton Folk Festival (*2006*) Edmonton, Alberta
Festival *Nuit Blanche sur Tableau Noir* (*2004*) Montreal, Quebec
Cinemanía Film Festival (*2002 and 2003*) Montreal, Quebec

LANGUAGES

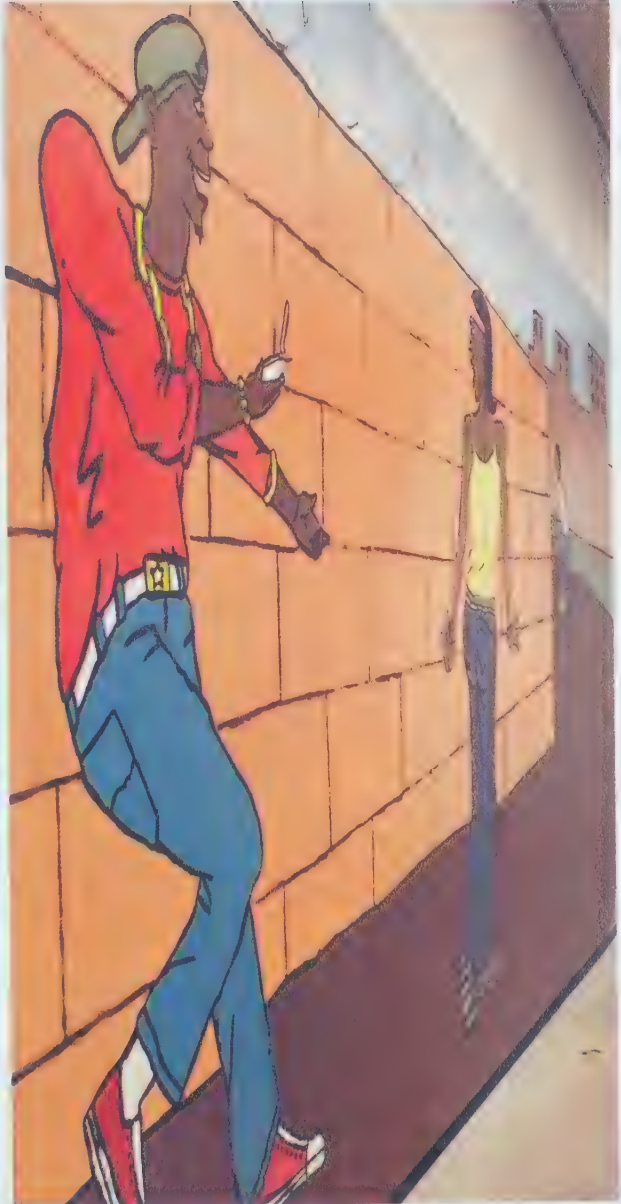
English and French (fluent); Wolof, Bambara and Luganda (beginner)

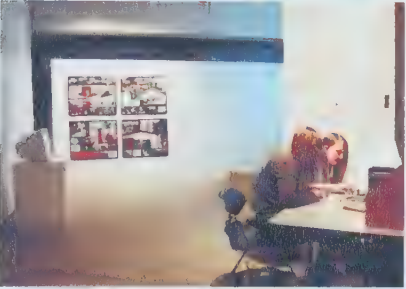




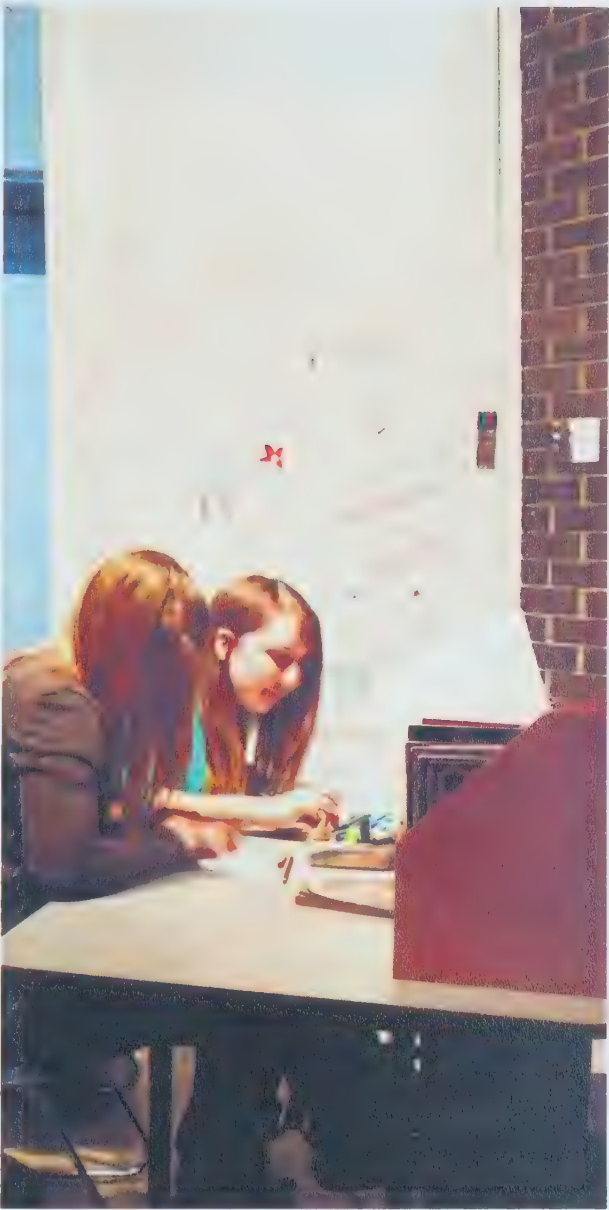


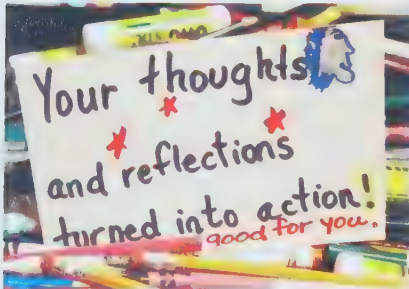
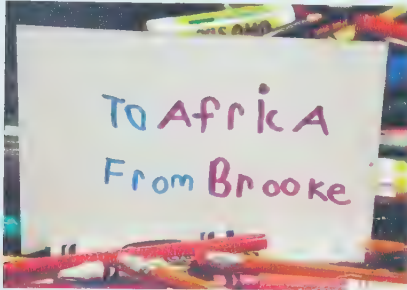
Design By Namiwonge Youth Group.
 Reproduced By Urban Games Youth and
 UoA students.





Uganda
Edmonton are
not so different.





DVD

- 1.** FAB gallery video: Video snippets 1
1_video_snippets_1.mov
- 2.** FAB gallery video: Video snippets 2
2_video_snippets_2.mov
- 3.** FAB gallery projection: Words and images
3_words_and_images
- 4.** FAB gallery projection: Process images
4_process_images
- 5.** FAB gallery: didactic wall panels
5_didactic_wall_panels.pdf
- 6.** FAB gallery: gallery installation photos
6_gallery_installation_photos.pdf
- 7.** Final thesis report
7_Leslie_thesis_report_FINAL.pdf

Leslie Robinson
THESIS DOCUMENTS

University of Alberta
Fall 2009

C11152